



Understanding the Early Years



Results of the Community
Mapping Study for the
Children in Winnipeg
(School Division No. 1)

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A project of the Applied Research Branch
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Disclaimer

The ever-changing nature of community programs and services adds extra complexity to a community mapping study. The Understanding the Early Years Coordinator and assistants made every effort to ensure the collection of a complete and accurate inventory of resources within Winnipeg (School Division No. 1) boundary during the summer and fall of 2000. However, the resources collected and studied for this report are not intended to provide an exhaustive list, but to serve as an important first step in understanding the programs, services, and physical and social environments of Winnipeg (School Division No. 1) community. Human Resources Development Canada along with Winnipeg (School Division No. 1) created this report based on the data that was available and information provided by the community's researchers. Corrections, additions, and comments are welcome and may be included in future reports.

It is important to note that the Community Mapping Study data, on its own, does not provide communities with information on how well children are doing. Rather it provides communities with information on the physical and socio-economic characteristics of the neighbourhoods in which children live and the kinds of programs and services that were available to children aged six and under.

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The Community Mapping Study: Highlights

Understanding the Early Years (UEY) is a national research initiative that provides research information to help strengthen the capacity of communities to make informed decisions about the best policies and most appropriate programs to offer families with young children. UEY is designed to assist communities across Canada in achieving their goal of improving early childhood development by providing them with the necessary information to enhance or adapt community resources and services. It provides tools to communities to enable them to track how well their children are doing, and to optimize child development through the strategic mobilization of resources and programs.

The Community Mapping Study (CMS) in Winnipeg (School Division No. 1) was developed to gather information about the physical, social and economic characteristics of the neighbourhoods in which young children live, and about the kinds of programs and services that were available to children aged six and younger and their parents.

Highlights of the physical and social environment

- ◆ Winnipeg (School Division No. 1) was a community made up of largely residential areas, with several large industrial zones primarily located in the northwest region. The Division covers 77 square kilometres.
- ◆ Children between the ages of zero and six were particularly concentrated in the central neighbourhoods of the city.
- ◆ Winnipeg (School Division No. 1) had a low proportion of recent immigrants and a high proportion of Aboriginal people. About 27% of children aged six and younger in the community are Aboriginal children.
- ◆ While Winnipeg (School Division No. 1) as a whole compared favourably with the national average on several indicators, a closer look at individual neighbourhoods showed polarities. For example, certain areas in the central region of the division had high percentages of residents with lower educational levels and incomes. Therefore, these areas may require not only more services, but specific services to help overcome significant disadvantages. In addition:
 - ◆ There were 89 neighbourhoods (out of a total of 333 neighbourhoods) with high mobility (defined as 30% or more people in the area having moved within the past year). These neighbourhoods, containing 20% of the Division's young children, had a poverty rate of 31%.
 - ◆ A significant number of neighbourhoods (124 out of a total of 333) had a high individual poverty rate of 38% or greater. Nearly 40% of the Division's population, and 45% of its children aged six and under lived in these high poverty neighbourhoods. These areas also tended to have higher unemployment rates and a higher proportion of residents with lower levels of education.

- ◆ Approximately 63% of children aged six and younger lived in neighbourhoods considered to be in "Somewhat High risk" or "High risk." The "high risk" and "somewhat high risk" neighbourhoods were mainly located in the central section of Winnipeg (School Division No. 1), along with scattered pockets of these neighbourhoods located in the north-central and eastern sections of the community. These neighbourhoods tended to have higher poverty rates, lower levels of education, higher immigrant populations and higher levels of individuals who could speak neither English nor French.

A few highlights of available neighbourhood resources

- ◆ There were 130 licensed child care facilities and 79 licensed family day-care homes, offering services and programs for infant to school-aged children.
- ◆ There were 16 preschool-type learning programs in the community. These include programs like Montessori nursery, Aboriginal HeadStart, and Independent schools.
- ◆ There were 59 elementary schools, each with a nursery and kindergarten program.
- ◆ There were 68 parenting classes and programs, 30 relief programs, 100 support programs, 14 drop-in programs, and 4 employment assistance programs.
- ◆ There were about 68 programs and services for children at risk (such as Early Start, Head Start and Rossbrook House).
- ◆ Forty programs for children with special needs were present in the community. This number does not include all of the services and funding available for children with special needs and their families.

Acting on the evidence from the Community Mapping Study

The results of the Community Mapping Study can be an effective tool to reach and inform various constituencies within the community. From municipal and provincial officials, to local program directors and child and family service professionals, this information informs decisions regarding policy, program development, funding and priority-setting (refer to Appendix A for information on the limitations of a community mapping study).

The companion document to this report, "Early Childhood Development in Winnipeg (School Division No. 1)," integrates the data and results from the three components of Understanding the Early Years – the National Longitudinal Survey of Children and Youth – Community Study, the Early Development Instrument, and the Community Mapping Study. It provides an important profile of linked information on children's outcomes in the Division and the possible community factors influencing these outcomes. Armed with this new information, community leaders will be able to engage in a discussion on how to optimize child development based on the evidence of how well children are doing in the Division and the impact of community resources on their development.

The Acronyms

- o UEY = Understanding the Early Years
- o NLSCY = National Longitudinal Survey of Children and Youth
- o EDI = Early Development Instrument
- o CMS = Community Mapping Study
- o HRDC = Human Resources Development Canada
- o WSD1 = Winnipeg (School Division No. 1)
- o RFP = Request for Proposals
- o EA = Enumeration Area

1. Helping communities give children the best possible start

Improving our understanding of the factors that help or hinder child development and increasing community capacity to track how well children are developing, are crucial to ensuring the best possible start for Canada's children.

Developed by the Applied Research Branch (ARB) of Human Resources Development Canada (HRDC), *Understanding the Early Years* (UEY) emerged in response to a growing recognition that the kind of nurturing and attention that children receive in early childhood can have a major impact on the rest of their lives.

Researchers have found that the early years of development from before birth to age six set the base for competence and coping skills that will affect learning, behaviour and health throughout life (see McCain & Mustard, 1999 and Doherty, 1997 for a discussion of additional current research in this area). These early years are critical for children's development as they shape long-term outcomes, not only related to academic and employment success, but also to children's overall health, quality of life, and ability to adapt.

UEY seeks to provide information about the influence of community factors on children's development and to enhance community capacity to use these data to both monitor early childhood development and to create effective community-based responses.

.....
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: national research initiative that provides :
: research information to help strengthen the :
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: young children. It is designed to assist :
: communities across Canada in achieving their :
: goal of improving early childhood :
: development by providing them with the :
: necessary information to enhance or adapt :
: community resources and services. It gives :
: communities knowledge of how childhood :
: experiences shape learning, health and well- :
: being, allows them to track how well their :
: children are doing, and to optimize child :
: development through the strategic :
: mobilization of resources and programs. :
:.....

UEY builds on the National Longitudinal Survey of Children and Youth (NLSCY), a joint Human Resources Development Canada and Statistics Canada initiative. The NLSCY began data collection in 1994 and is the definitive source of national longitudinal data for research on child development in Canada. Its purpose is to increase our knowledge about the factors affecting child development and well-being.

Initial research on child development has shown that community factors may impact child outcomes, but only further research can show the magnitude of the impact and the mechanisms through which it occurs (Kohen, Hertzman, & Brooks-Gunn, 1998).

Therefore, one of the main purposes of UEY is to help determine the extent and nature of community influences on child development and how this might vary from family to family, school to school, classroom to classroom, and neighbourhood to neighbourhood. It includes three separate but complementary data

collection components that allow for more detailed monitoring and reporting at the community level:

- The NLSCY Community Study;
- The Early Development Instrument; and
- The Community Mapping Study.

Together, this information will enhance our understanding of the community factors that affect early childhood development and the ways a community can best support the needs of young children and their parents.

UEY in Winnipeg

Winnipeg (School Division No. 1) organized a group dedicated to the well-being of young children within the jurisdiction called the Early Childhood Transition Network (ECTN). This group consisted mostly of school division staff and professionals who came in contact with the children in the division.

As the group evolved, membership became more broad-based. With the announcement of the UEY request for proposals, the ECTN decided to expand its mandate to meet the needs of the community. As a result, the Understanding the Early Years Community Coalition was created. Individuals, groups, and organizations from all sectors came together to ensure that young children are ready to learn at entry to formal schooling. This UEY Coalition provides guidance to the project, ensures that the community has a strong voice, and that information is effectively disseminated to the various groups (refer to Appendix B for more information on the UEY Community Coalition).

Components of the UEY Initiative

The Early Development Instrument:

What we learn from teachers

The Early Development Instrument (formerly known as the School Readiness to Learn Instrument) is a questionnaire for kindergarten teachers. The Instrument is designed to measure children's early development – before they start grade one – in the following:

- ◆ Physical health and well-being;
- ◆ Emotional health and maturity;
- ◆ Social knowledge and competence;
- ◆ Language development and thinking skills; and
- ◆ Communication skills and general knowledge.

This instrument is an age-appropriate measure that indicates how children in a classroom are developing. It cannot be used to assess an individual child's development, but offers the community an indication of how well it is doing to support child development.

This measure was administered in Winnipeg (School Division No. 1) in the winter of 2000 and 2001, and will be administered again in 2002 and 2004.

The NLSCY Community Study:

What we learn from parents

An enhanced version of the NLSCY was developed to collect more detailed information from parents to help assess family use of community resources and the impact of these community resources on children's developmental outcomes. Randomly selected households, representative of all schools in the Division, were chosen to participate in this voluntary survey. The information will be analyzed to determine the relative importance of community factors on child development as compared to the impact of individual and family factors.

The NLSCY - Community Study was administered during the late spring of 2000 and will be administered again in 2004.

The Community Mapping Study:

What we learn from community mapping

The purpose of this report is to focus on the results of the Community Mapping study, conducted in Winnipeg (School Division No. 1) in the spring and summer of 2000. Its purpose is to gather information about:

- ◆ The physical and socio-economic characteristics of the neighbourhoods in which children live;
- ◆ The kinds of programs and services that were available to children 6 and younger and their parents; and
- ◆ Where these programs were located.

Several data sources were used: The 1996 Census; Manitoba Health data; school

division data; neighbourhood observations (see Appendix D for details); and a community programs survey (see Appendix F).

This information can be used to gain greater understanding of:

- Whether resources are in close proximity to where children live;
- Whether there is equitable distribution of key resources; and
- The most effective way for the community to plan, prioritize and allocate resources for child development.

Measuring the community in which children live

The terms "place", "neighbourhood", and "community" are often used interchangeably to refer to related, but different concepts. As a geographical entity, "place" is often defined by political, administrative or other physical boundaries. The concepts of neighbourhood and community incorporate aspects of psychology and sociology together with geography, and may be defined by the social interactions and functions that occur in a particular place in addition to its actual location. Although there are numerous ways of defining neighbourhoods and communities, for the purposes of this report, neighbourhoods will be defined and referred to using the geographical boundaries of Enumeration Areas (EAs). An Enumeration Area is the smallest standard geographic area for which census data are reported. There are 333 Enumeration Areas in Winnipeg (School Division No. 1). The term 'community' will apply to Winnipeg (School Division No. 1) as a whole.

2. Winnipeg (School Division No. 1) Community

The purpose of this report is to examine the results of the Community Mapping Study that gathered information about the physical, social and economic environments in Winnipeg (School Division No. 1), and information on the programs and services available in it for children aged six and younger and their families.

For the purposes of this report, "the community" refers to Winnipeg (School Division No. 1) boundaries. The Winnipeg (School Division No. 1) community covers a large, urban area of 77.46 sq. km (comprising 16.4% of the city area) with a perimeter of 59 km. It is bordered by Mollard Rd., Carruthers Ave. and Matheison Ave. on the North, Panet Rd. Thomas Ave. and the Red River on the East, Parker Ave. and Wilkes Ave. on the South, Edgeland Blvd., St James St., and Brookside Blvd. on the West.¹

The total population of the Division in 1996 was 220,602 with 20,181 children 6 years of age and under (comprising 9% of the population).

Map 1 – The Division in Context

- ◆ There are approximately 620,000 residents in the City of Winnipeg, with 220,620 living in Winnipeg (School Division No. 1) (35% of the city's population).
- ◆ The two main rivers of Winnipeg (the Red River and the Assiniboine River) run through the division.

- ◆ The Assiniboine Park Zoo is part of Winnipeg (School Division No. 1) and is shown on the maps of the Division
- ◆ Downtown Winnipeg is part of the Division.

Map 2 – Where did the children live?

This map displays the distribution of children aged six and younger across the community:

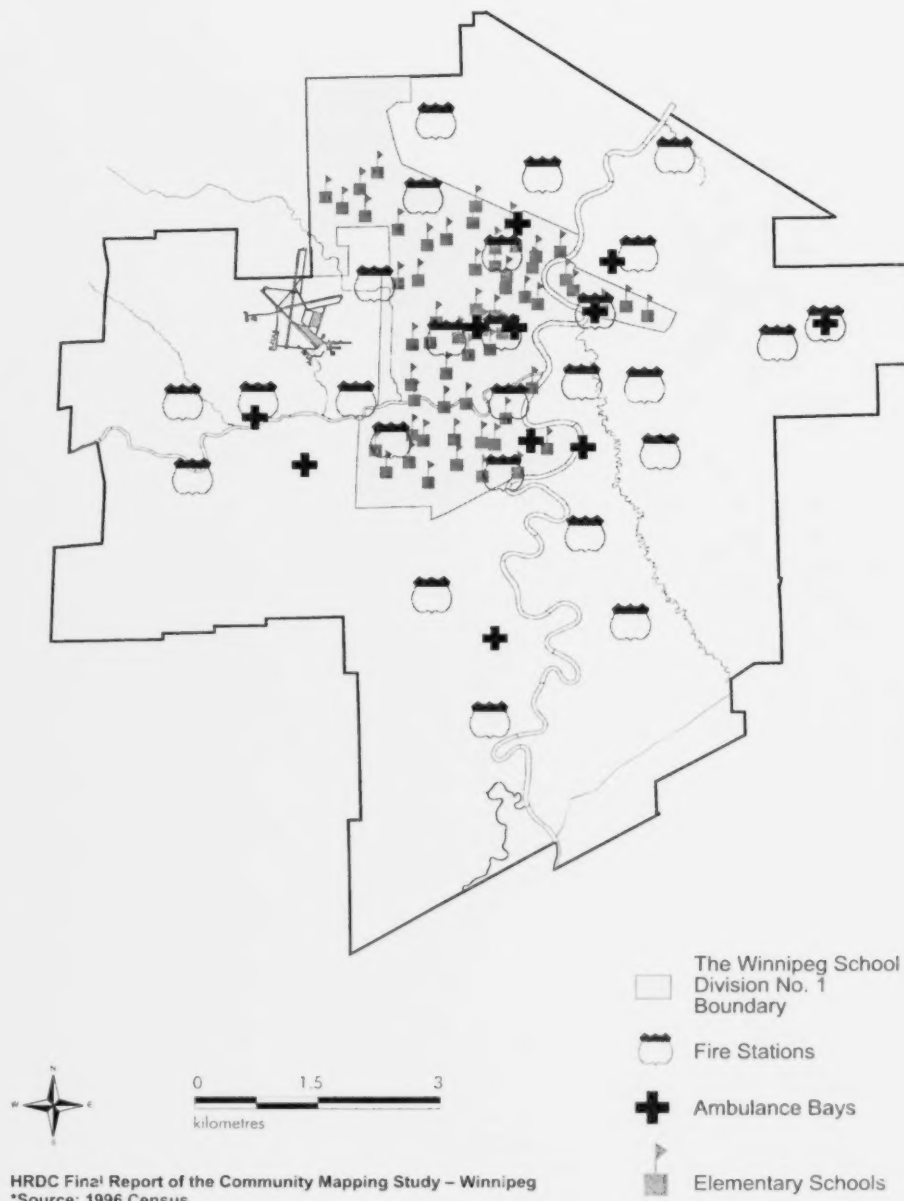
- ◆ The 20,160 children were distributed across all parts of the Division, although children were particularly concentrated in the downtown area.
- ◆ Parks were also distributed throughout the Division.

.....
: Community mapping can: :
: • show you the concentration of programs :
: Community mapping cannot: :
: • tell you about the quality of the :
: program :
: For more on mapping see :
: Appendix A :
:.....

¹ It should be noted that many programs for children exist outside of the division boundaries and many children and their families may have access to them. As the Community Mapping Study examines only programs within the Division, it is not known if families are taking part in services outside the boundaries. This should also be considered when interpreting the maps: programs may exist on the other side of the boundary but would not be represented on the map, making it appear that the area may not be serviced as well as some other areas.

Map 1

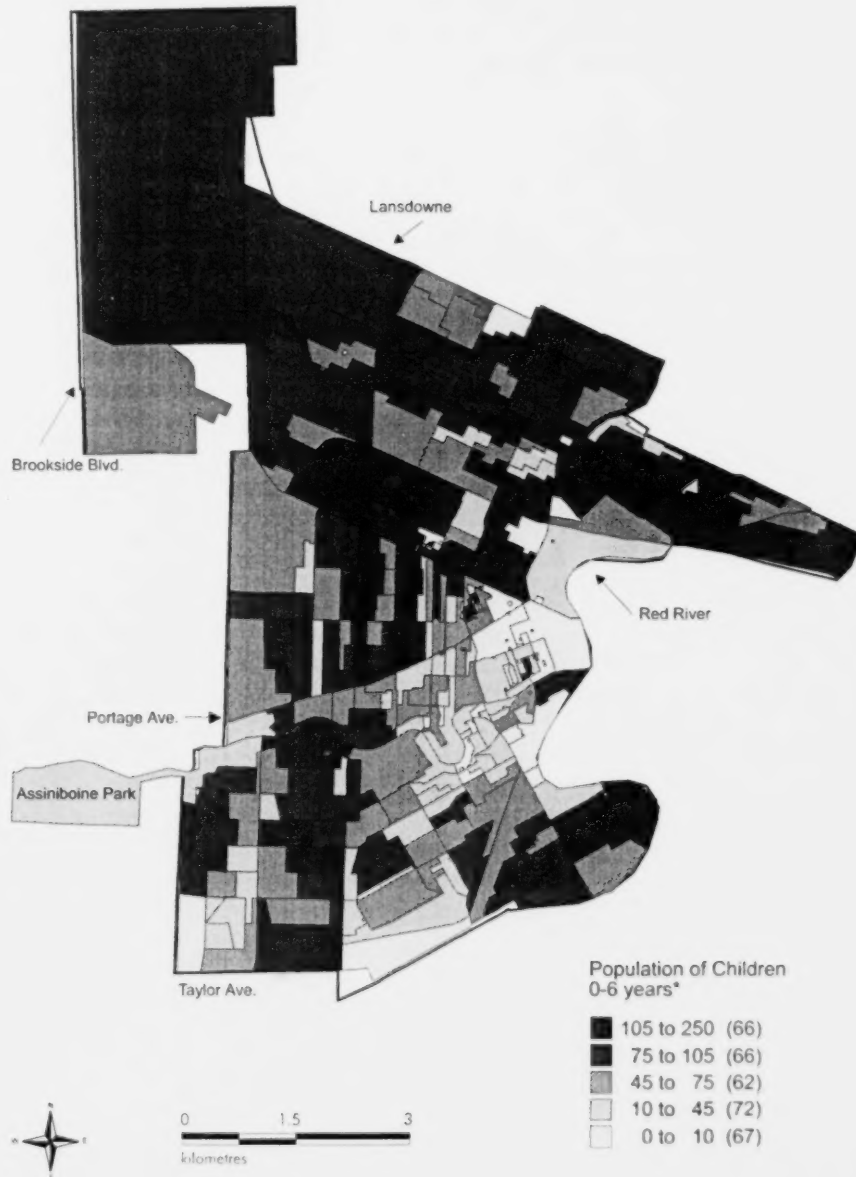
The Division in Context



Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) – November 2001

Map 2

Where did the children live?



HRDC Final Report of the Community Mapping Study – Winnipeg
*Source: 1996 Census

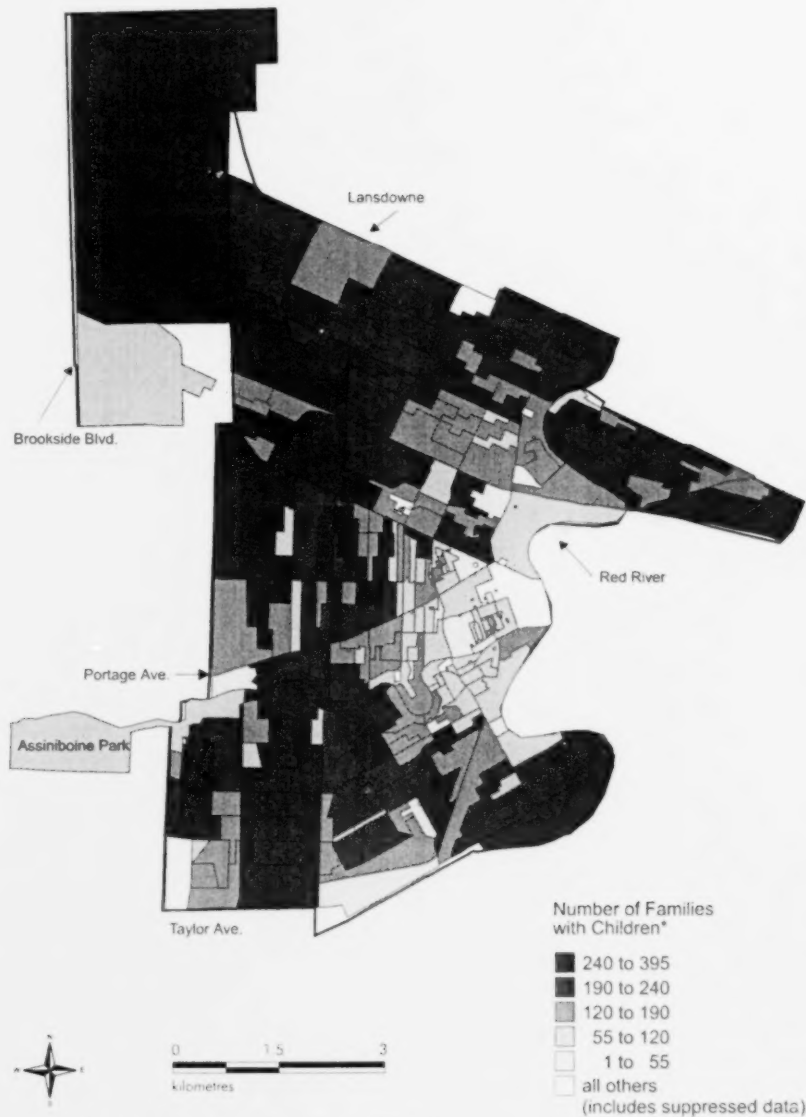
Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Map 3 – Which areas had the highest number of families with children?

- ◆ There were approximately 50,620 families with children living in Winnipeg (School Division No. 1).
- ◆ The Division had about equal numbers of neighbourhoods with high and low densities of children aged six and younger. This has implications for how child-centred resources should be distributed to ensure accessibility.

Map 3

Which areas had the highest number of families with children?



HRDC Final Report of the Community Mapping Study - Winnipeg
 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

3. The Social Environment in Winnipeg (School Division No. 1)

A child's social interaction with other people can have an important influence on his or her development. Children's capacity for successful, positive social interaction begins at a young age, and is influenced by early close relationships, their experiences with other children and the guidance and direct instruction that comes from parents and other family members (see Doherty, 1997). These relationships can be complemented by interactions with other people beyond the family, such as residents of their neighbourhood and the larger community. Children's expectations and behaviours can be affected by interaction with role models in the community.

.....
This section provides socio-economic and demographic information about neighbourhoods where children in Winnipeg (School Division No. 1) lived (using the 1996 Census data). A number of characteristics of its residents, such as family status, education, employment, and income, and multiculturalism were examined. This analysis helps researchers learn more about the social environment of children living in Winnipeg (School Division No. 1's) various neighbourhoods.
.....

Population Mobility

How many of Winnipeg (School Division No. 1) areas were stable or transient and how many children and families resided in such areas?

Why ask this question?

Neighbourhoods with higher levels of stability are those in which community members are more likely to act on behalf of the common good of children. One way to measure neighbourhood stability is by measuring the proportion of individuals who made a residential move in the last year. High rates of residential mobility and transiency in neighbourhoods often correspond to social disruption and weakened social ties, which in turn can create a climate more conducive to crime and other types of anti-social behaviour. Social ties are an important prerequisite to neighbourhood cohesion and collective efficacy, defined as social cohesion among neighbours combined with their willingness to intervene on behalf of the common good (Sampson, Raudenbush, & Earls, 1997). In other words, in neighbourhoods where residents are isolated or estranged from each other, social ties tend to be weak and a sense of common interest even weaker.

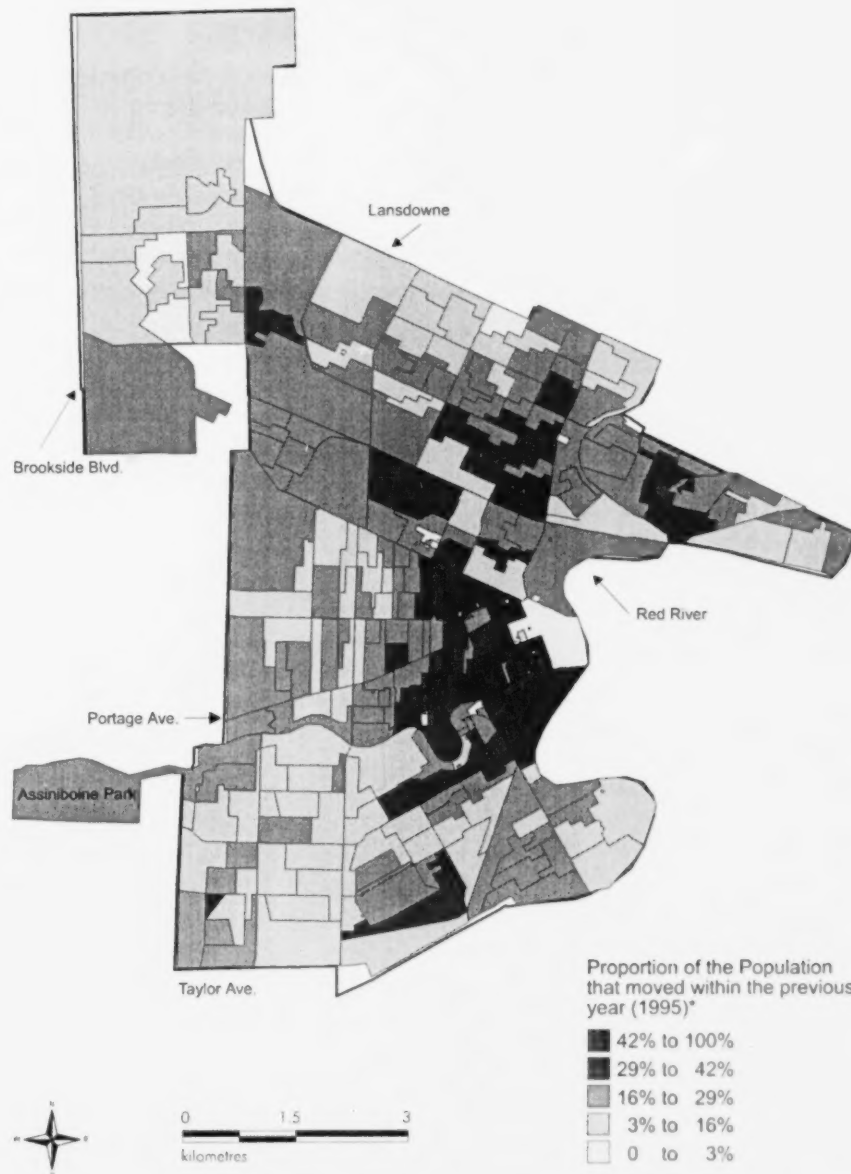
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Some theorists suggest that positive peer and adult role models in the community can influence child development and well-being, particularly in terms of behaviour and learning. Negative environments may deprive children of positive social supports, while exposing them to unhealthy or other-wise anti-social behaviours.
.....

Map 4 – Which areas had the highest mobility?

- ◆ The average number of Division residents who had moved in the last year (1995) was 21% of the population, higher than the national average of 16%.
- ◆ There were 89 EAs (over one-quarter of the EAs) in the division characterised by high

Map 4

Which areas had the highest mobility?



HRDC Final Report of the Community Mapping Study - Winnipeg
*Source: 1996 Census

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Map 4

Which areas had the highest mobility?



HRDC Final Report of the Community Mapping Study - Winnipeg
 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

mobility (30% or more of the population had moved within the past year). These EAs had a poverty rate of approximately 31%. In total, there were 4,040 children aged 6 or younger (20% of children) living in these high mobility EAs who are potentially affected by the multiple factors of instability, poverty and disadvantage.² Specific community resources may need to be embedded in these neighbourhoods.

Education and Employment

How educated were people in the community and how many residents were employed?

Why ask this question?

Education levels of residents are considered a crucial factor in the socio-economic environment of communities where children grow and develop. Adults in the community with high levels of education are more likely to be employed, less likely to live in poverty, and more likely to serve as positive role models and mentors to their own children and children in the community. Conversely, those with lower education levels may face diminished employment prospects and are more likely to live in poverty. A parent's level of education has been shown to be a factor in the developmental outcomes of their children.

Problems in neighbourhoods with high unemployment rates may be compounded by higher poverty and a lack of available resources.

.....
 • Adults in the community with high levels of
 • education are more likely to be employed,
 • less likely to live in poverty, and more likely
 • to serve as positive role models and mentors
 • to their own children and children in the
 • community.

These neighbourhood characteristics may have a negative impact on a child's environment and on his or her overall development. For example, research has shown that neighbourhoods with high levels of unemployment can impact negatively on children's behaviour (Kohen, Herman, Brooks-Gunn, 1998).

Map 5 – Which areas had the highest proportion of people with some post-secondary education?

- ◆ About 27 % of the Division residents had completed some type of post-secondary education (e.g., college, university). These individuals lived predominantly in the south area of the community.
- ◆ Eighty-five EAs had less than 15% of residents with a post-secondary education. 32% of children aged six and younger in the Division (6,480 children) lived in these EAs.

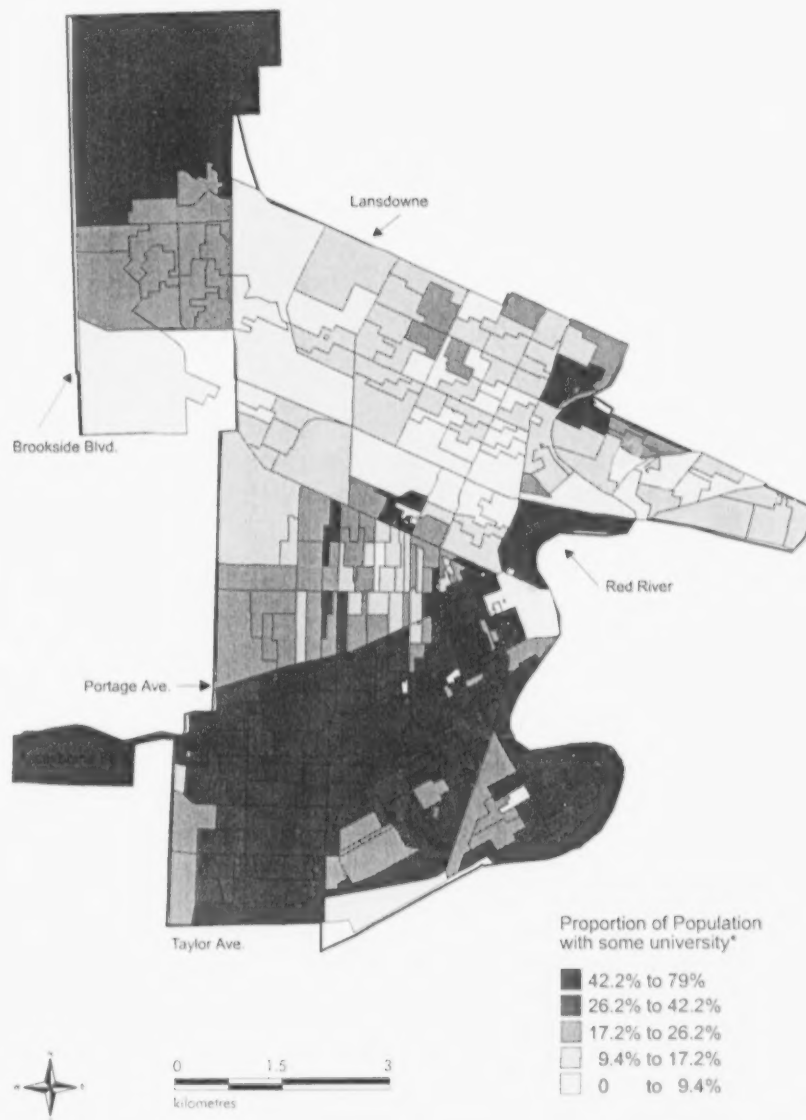
Map 6 – Which areas had the highest proportion of people without high school diplomas?

- ◆ In Winnipeg (School Division No. 1), approximately 27 % of people 15 years and over had not yet obtained a high school diploma. This figure was lower than the national average of 37%.
- ◆ Twenty percent of Division residents lived in areas where the number of individuals without a high school diploma was above the national average. Approximately 4,695 of all children aged six or under lived in these EAs.

² Areas with the highest mobility (east centre) were also areas with a low concentration of families with children.

Map 5

Which areas had the highest proportion of people with some post-secondary education?

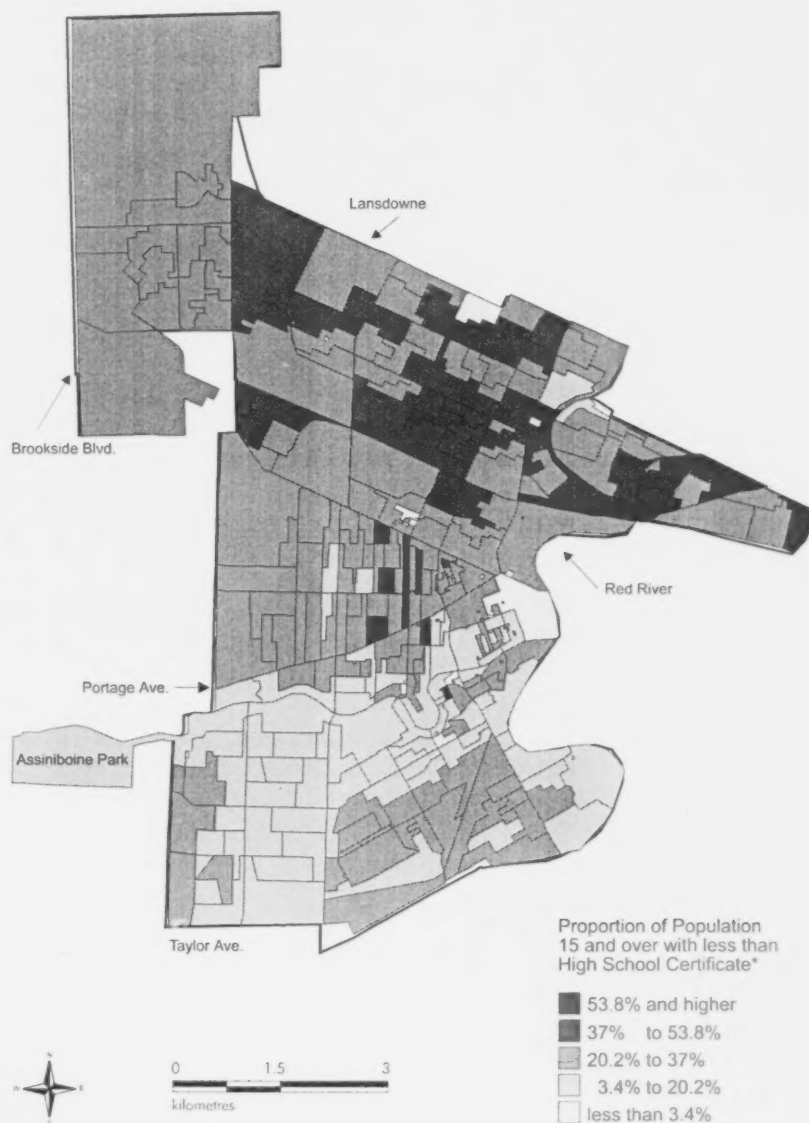


HRDC Final Report of the Community Mapping Study – Winnipeg
*Source: 1996 Census

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Map 6

Which areas had the highest proportion of people without high school diploma?



HRDC Final Report of the Community Mapping Study - Winnipeg
 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

Map 7 – What were the unemployment rates?

- ◆ The unemployment rate in Winnipeg (School Division No. 1) was 13 %, measured at the time of the 1996 census. This rate was slightly higher than Canada overall which was 10.0%.
- ◆ There were 49 EAs with high unemployment rates (greater than 23 % which is one standard deviation above the National Average), located near the centre of the community and close to downtown. These areas were also marked by other forms of potential risk factors such as an above average proportion of persons without a high school diploma and a high poverty rate.

Household Incomes

What were the income levels of Winnipeg (School Division No. 1)?

Why ask this question?

Adequate household income is essential to purchase goods and services, to access resources (through transportation) and to benefit from cultural resources such as books and theatres. Neighbourhoods where a high number of residents live in poverty may lack resources, and isolate residents from interaction with mainstream social networks or with potential role models. These neighbourhoods may also experience overcrowding, lower levels of safety, a less desirable physical environment, and a scarcity of resources.

Neighbourhoods where a high number of residents live in poverty pose challenges to families and children, service providers and policy makers.

Map 8 – What was the average household income in Winnipeg (School Division No. 1)?

- ◆ In relation to Canada as a whole, the division is somewhat less affluent. The average 1996 household income in The Winnipeg School Division No.1 was \$40,872, about \$4,800 lower than the national household income of \$45,739.
- ◆ The EAs with the highest average household incomes had the highest proportion of people aged 15 and over with a post-secondary education.

Map 9 – Which areas had the highest proportion of low-income households?

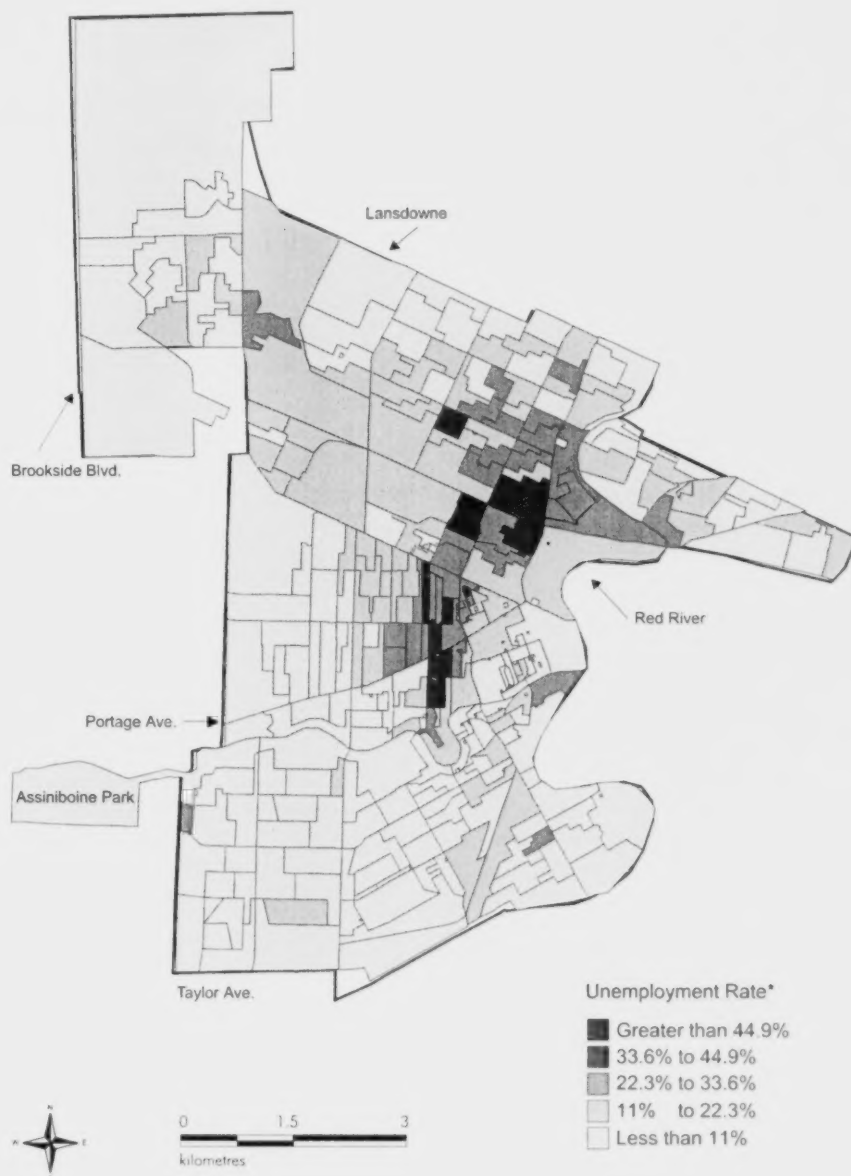
- ◆ The poverty rate in the Division (measured as the proportion of individuals living below Statistics Canada's Low-Income Cut-off) was approximately 40%, compared to the national rate of 19%. Some EAs had poverty rates as high as 94%.
- ◆ One hundred and twenty-four EAs had 37% (one standard deviation above the national average) or more of their residents living in poverty. These EAs were mostly located in the central and northern areas. Some of the low-income areas were intermingled with more affluent areas.
- ◆ Nearly 40% of the Division's population – and 45% children aged six and younger lived in high poverty areas. These 124 EAs also tended to have higher unemployment rates and a higher proportion of residents with lower levels of education.

.....
: Nearly 40% of Winnipeg (School Division
: No. 1) population lived in poverty - 45% of
: children aged six and under resided in high
: poverty neighbourhoods.
:

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Map 7

What were the unemployment rates?



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 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) – November 2001

Map 8

What was the average household income in Winnipeg (School Division No. 1)?

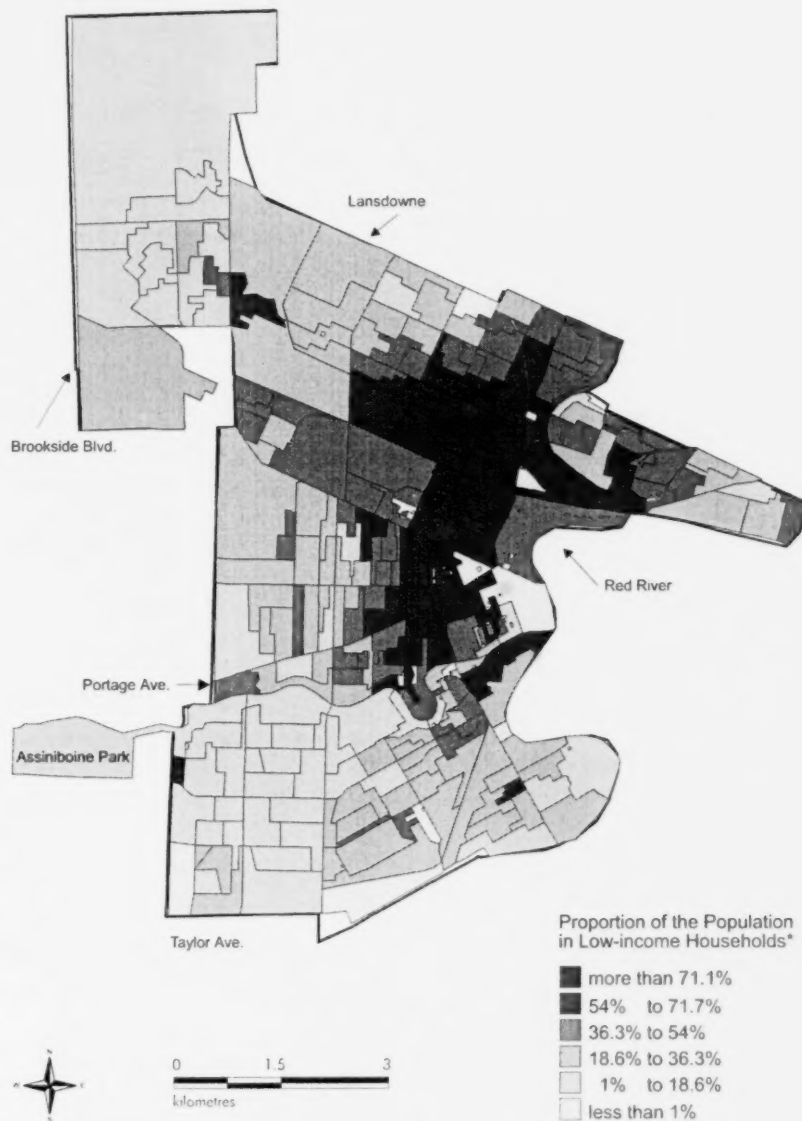


HRDC Final Report of the Community Mapping Study - Winnipeg
*Source: 1996 Census

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Map 9

Which areas had the highest proportion of low-income households?



HRDC Final Report of the Community Mapping Study - Winnipeg
*Source: 1996 Census

National Average: 18.6%
Standard Deviation: 17.7%

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Family Structure

What was the family structure of the EAs?

Why ask this question?

While most children from lone-parent households do well, research has shown that a higher proportion of children with cognitive and behavioural problems come from these families (Lipman, Boyle, Dooley & Offord, 1998; Ross, Roberts & Scott, 1998). In addition, a higher incidence of two parent families living in a neighbourhood has been linked to healthier child development and adolescent development (Brooks-Gunn, Duncan, Klebanov, & Sealander, 1993).

Map 10 – Which areas had the highest proportion of families with children headed by a lone parent?

- ◆ In Winnipeg (School Division No. 1), the proportion of families with children headed by a lone parent was 22 %, slightly lower than the national average of 23 %.
- ◆ One hundred and thirty-one EAs had a proportion of lone-parent families greater than the national average of 23%. Over 9,000 children aged six and younger lived in these areas (concentrated in the centre and northern areas of the Division).
- ◆ Thirty EAs had no lone-parents.
- ◆ Twenty-one EAs had over 50% lone -parent families.

Ethnic and Linguistic Diversity

How diverse was the community?

Why ask this question?

The ability to speak English or French – Canada's two official languages – is important to successfully navigate the many transitions involved in settling into a new country. Knowledge of a country's official language allows for easier access to goods and services, and facilitates getting and keeping a job.

Map 11 – Which areas had the highest proportion of recent immigrants?

- ◆ The proportion of the Division's population that were recent immigrants was 4%, compared to the national average of 3%.
- ◆ Areas with a large proportion of their population (6.7% and over) who had immigrated to Canada in the period between 1991-1996 were located in the central part of the community. Clusters of recent immigrants also appeared in other parts of the Division.

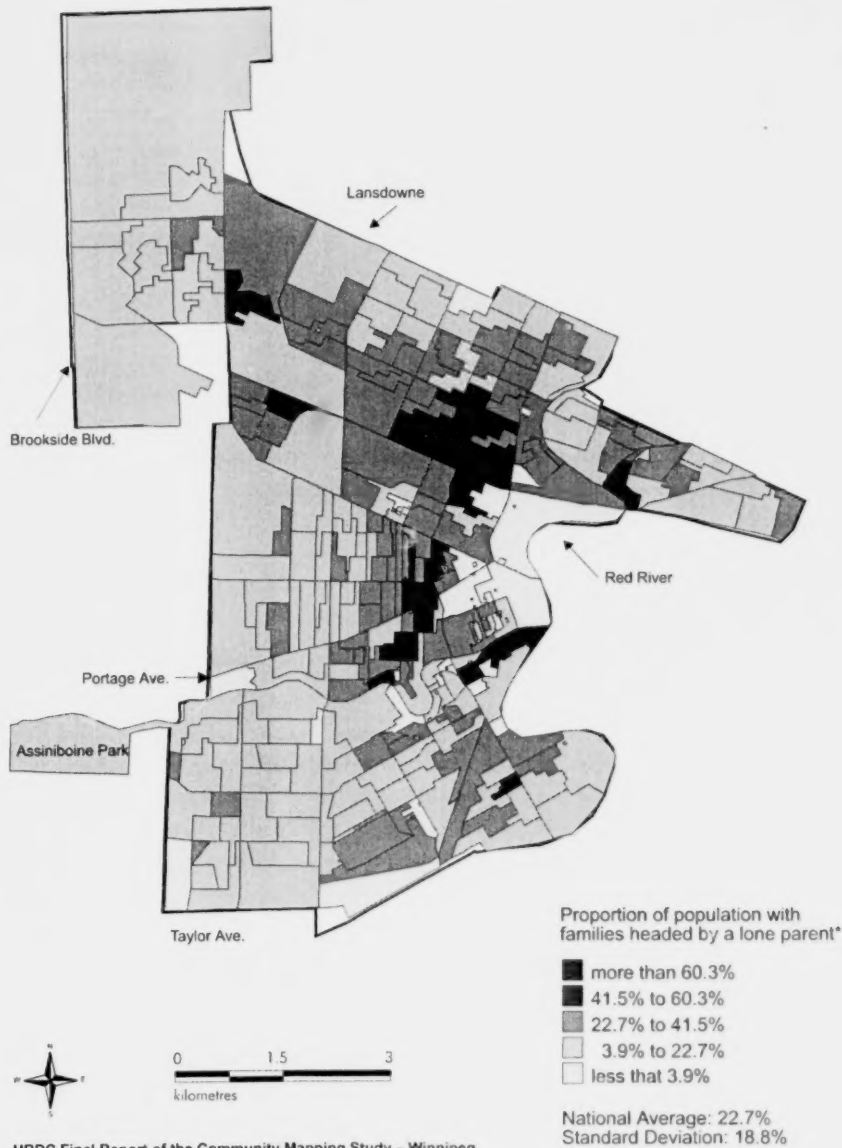
Map 12 – Where were Aboriginal people located?

One of the unique characteristics of Winnipeg (School Division No. 1) is its large Aboriginal community.

- ◆ The Aboriginal population constitutes about 3% of the nation's population. Winnipeg had the highest Aboriginal population of any Canadian city, at almost 46,000 people (12% of the population in Winnipeg), and more than the entire Aboriginal population of Northwest Territories.
- ◆ Winnipeg (School Division No. 1) is home to about 60% of the city's Aboriginal population (about 27,365). Areas with a high proportion of Aboriginal people tended to be clustered around central areas.

Map 10

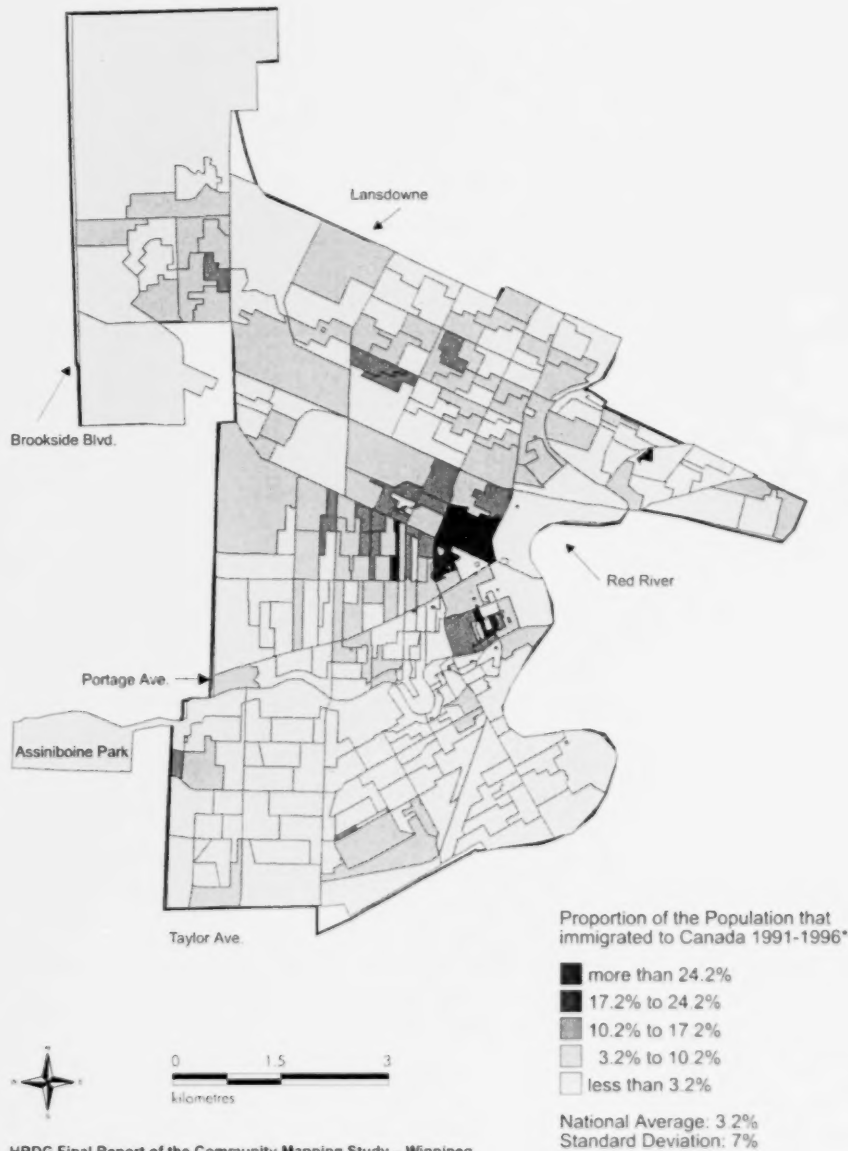
Which areas had the highest proportion of families with children headed by a lone parent?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Map 11

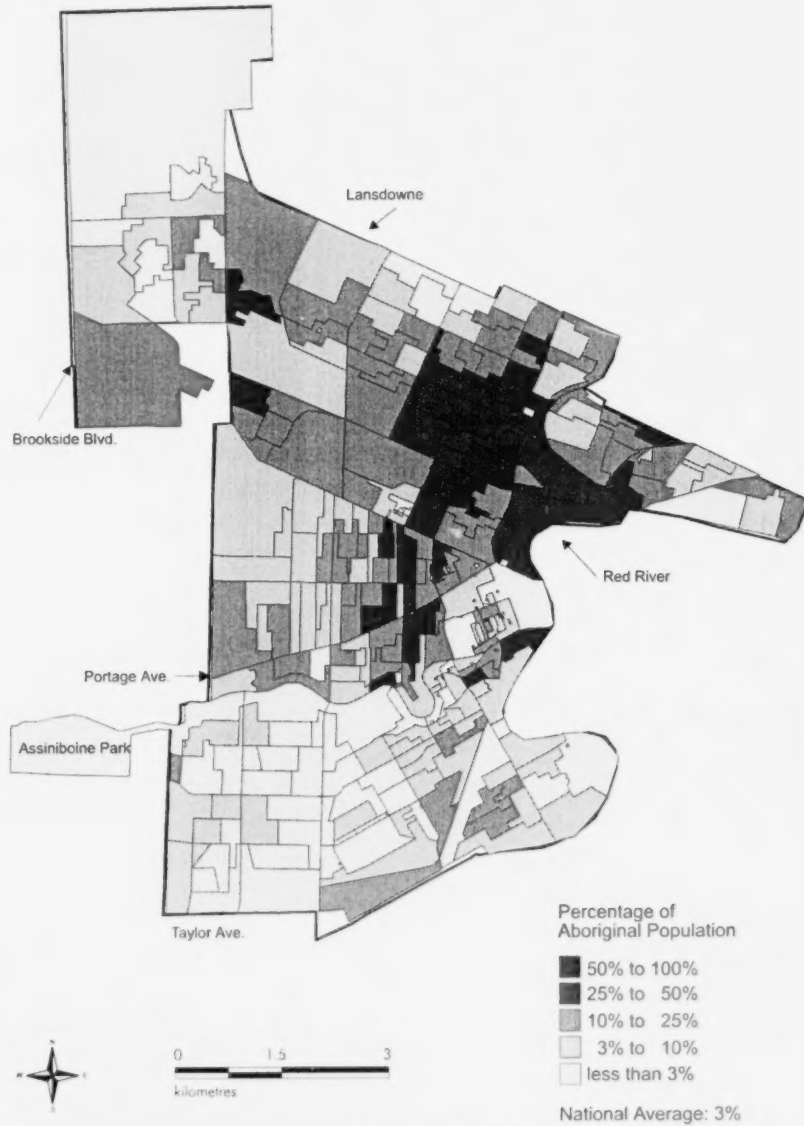
Which areas had the highest proportion of recent immigrants?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Map 12

Where were Aboriginal people located?



HRDC Final Report of the Community Mapping Study - Winnipeg
 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

- ◆ About 27% of the Division's population of children aged six and younger were Aboriginal.
- ◆ About 228 of the 333 EAs were higher than the national average (15,740 Aboriginal children aged six and under lived here), and 117 EAs were above the city average (8,720 Aboriginal children aged six and under lived here). Aboriginal people comprised 100% of one EA.

Map 13 – Which areas had the highest proportion of residents who did not speak English or French?

- ◆ On average, less than 2% of the population of Winnipeg (School Division No. 1) did not speak either of the official languages, similar to the national rate of 1%.
- ◆ Few areas (four EAs) in the community had greater than 10% of the population who did not speak English or French. Concentrated in the central region of the division, these areas housed 355 children aged six and younger.
- ◆ The poverty rate for these 4 EAs was nearly 63%, significantly higher than the average poverty rate of 39% for the community.

Putting it all together: Creating a Social Index

A Social Index was developed to help provide both a general picture of neighbourhoods within the broader community and the number of potential challenges they faced. Nine variables were selected for their usefulness in describing the socio-economic context of communities, encompassing measures in the areas of education, employment, income level and multiculturalism. Each variable was then compared with the national average, which

provided a threshold for evaluating the neighbourhoods. This method enables us to make comparisons within a community, among communities, and at the same time, to compare a particular community to the country as a whole. Four categories were then established:

- Low risk (one or two challenges);
- Somewhat low risk (three or four challenges);
- Somewhat high risk (five or six challenges);
- High risk (seven or more challenges).

(Refer to Appendix C for a more detailed description of how the Social Index was calculated).

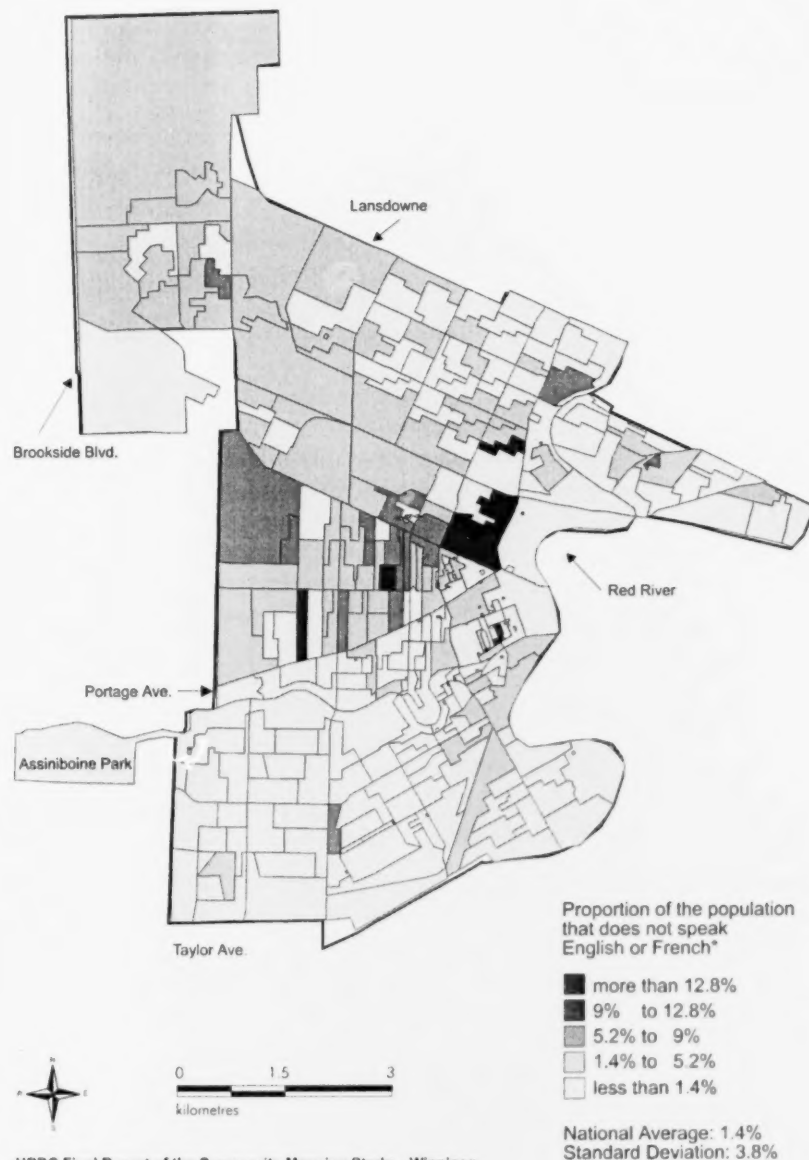
.....
 : In order to provide a consolidated measure :
 : of the level of socio-economic well-being in :
 : communities, a Social Index was developed :
 : that would provide both a general picture of :
 : neighbourhoods within a broader community :
 : and the number of potential challenges they :
 : faced. Among other uses, the Social Index :
 : can serve as a tool to help communities :
 : better allocate resources to meet the needs :
 : of children and families, by permitting :
 : analysis of concentrations of need and of :
 : the availability and accessibility of :
 : programs and services. :
 :
 :

The following is a listing of the nine variables which make up the Social Index:

- ◆ Unemployment rate
- ◆ Individual poverty rate
- ◆ Proportion of individuals aged 15 years and over without a high school diploma

Map 13

Which areas had the highest proportion of residents who did not speak English or French?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

- ◆ Proportion of families with children headed by a lone parent
- ◆ Proportion of the population speaking neither official language
- ◆ Proportion of population that immigrated to Canada, between 1991-1996
- ◆ Mobility in one year
- ◆ Home ownership
- ◆ Proportion of the total income in the EA coming from government transfers (e.g. Canada Pension Plan, Canada Child Tax Benefit, provincial social assistance)

Map 14 – What did the Social Index tell us about this community?

- ◆ About 3,740 children aged six and younger (19.3%) lived in areas with 2 or fewer challenges (low risk).
- ◆ Nearly 8,775 children aged six and younger (45%) lived in areas considered to be high risk (seven or more challenges).

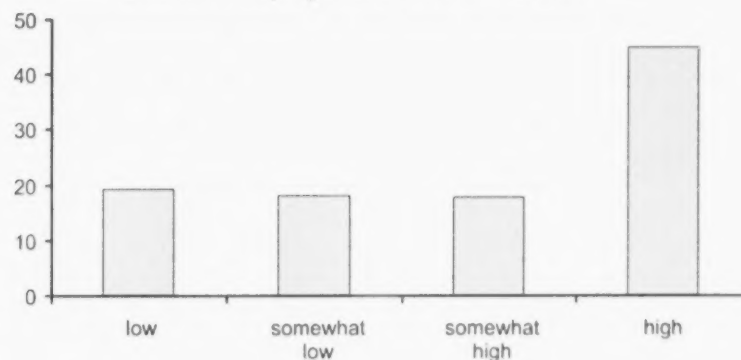
The high-risk areas tended to be clustered in the central area of the community.

- ◆ The remaining EAs fell somewhere in between these extremes. The areas scoring in the middle range (3-4 challenges and 5-6 challenges), had 3,515 (or 18% of children 0-6) and 3,455 (or 17.7% of children 0-6).

How can this information be used on behalf of children?

- Winnipeg (School Division No. 1) had a low proportion of recent immigrants and a high proportion of Aboriginal people. Therefore, the Division can focus on its strength as an Aboriginal centre. For example, cultural associations and neighbourhood volunteers can be mobilized to address children's needs, particularly if they focus on Native cultures. Service providers in the community could consider the potential need for balancing their programs to ensure that Aboriginal children aged six and under and their families receive culturally sensitive programming and support.

Figure 1 – Proportion of children aged six and younger living in areas with varying numbers of risk factors



Results of the Community Mapping Study for the Children in Winnipeg (School Division No. 1) – November 2001

Map 14

What did the Social Index tell us about this community?



Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

Table 1 – Number of children in enumeration areas with differing conditions of risk.

	Low Risk	Somewhat Low Risk	Somewhat High Risk	High Risk
Number of EAs	43	54	64	111
Percent of EAs	15.8%	19.9%	23.5%	40.8%
Number of children 0-6	3740	3515	3455	8775
Percent of children 0-6	19.2%	18%	17.7%	45%

- While Winnipeg (School Division No. 1) as a whole compared favourably with the national average on several indicators, a closer look at individual neighbourhoods showed polarities. For example, certain EAs in the central region of the division had high percentages of residents with lower educational levels and incomes. Therefore, these areas may require not only more services, but *specific* services to help overcome significant disadvantages.
- Single entry services systems could be set up, clustering programs in a "single window" centres located in high risk areas. This model may can help improve access, use and effectiveness of programs. One such pilot program is currently underway at the Aboriginal Centre of Winnipeg.
- There were higher densities of children in neighbourhoods with five or more challenges. Multiple risk factors and high concentrations of children may require a change in current patterns of service allocation to support child development and o reduce future problems.
- Community action could focus on reducing the accumulation of multiple risk factors among neighbourhoods.

4. The Physical Environment

Research exploring community effects on children's development places little emphasis on the physical characteristics of neighbourhoods. However, the quality of the physical environment in a community can affect the health and well-being of families and children.

.....
: The neighbourhood observations component :
: of the Community Mapping Study was :
: designed to assess the physical and :
: infrastructure aspects of the community. It :
: looked at factors that may affect the :
: development and behaviour of children, such :
: as the quality of homes, street lighting :
: conditions and traffic volumes, and the :
: presence and amount of parks and green :
: space. :
:.....

This chapter focuses on the quality of the physical environment. Information was collected through neighbourhood observations of:

- Traffic patterns;
- Presence of garbage or litter; and
- Overview of physical characteristics in the community (Refer to Appendix D for a complete analysis of the results of the neighbourhood observations).

Traffic Patterns

How did traffic flow through Winnipeg (School Division No. 1)?

Why ask this question?

A good road network and free-flowing traffic are essential for movement and access. However, if not well designed, traffic flow can have a negative impact on the lives of young children.

Greater exposure to traffic (as measured by the number of streets crossed on a child's way to and from school) has been positively correlated with injury rates in children (Macpherson, Roberts, & Pless, 1998). Injuries, many of which may be caused by motor vehicles, are one of the leading causes of death for children and youth across the country (Federal/Provincial/Territorial Advisory Committee on Population Health, 1999).

In addition, injuries cause disruptions for children and their parents, as they may require medical attention or time away from school. Traffic related injuries have been reported to be higher for boys than for girls (Macpherson, Roberts, & Pless, 1998).

Crossing main streets or roads can present a greater risk to children. Younger children have been reported to have higher rates of injury, even though exposure to traffic has been shown to be lower for younger children than for their older counterparts (Floss, Verreault, Arsenault, Frappier, & Stulinskas, 1987).

.....
: Injury rates are higher for children living in :
: regions with lower socio-economic status. :
:.....

Socio-economic status is also related to injury rates, with higher maternal education (12 years or more) being associated with less exposure of children to traffic and decreased rates of childhood injury (Floss, et al., 1987). Paradoxically, low density, single family homes in the suburbs may require children to cross more streets, although these streets may have less traffic.

Map 15 – Where did children live in relation to traffic patterns in Winnipeg (School Division No. 1)?

Traffic volume on roads was assessed by tracking the number of cars that passed by per minute. Traffic volume ranged throughout the community from light to heavy, with most areas reporting lighter traffic counts.

Data was collected between June 1 and August 15, 2000 on each day of the week.

Times of data collection varied from 6:00 a.m. to 10:30 p.m. to capture the variations in street activity.

- ◆ Over 26 % of areas in the Division were rated as heavy traffic areas.
- ◆ Clusters of EAs throughout the community were found to have both high traffic levels and a high proportion of children.
- ◆ Fifty-four percent of the Division's streets were two-lane roadways. The remainder of the streets were either four or more lanes (14.4 %), or one-lane roads (30.6 %).
- ◆ Very few areas had marked crosswalks (13%).
- ◆ Stoplights were observed in only 84 of the EAs (25.3%), and few had more than one stoplight.

Traffic Patterns and the Social Index

In Winnipeg (School Division No. 1), no clear pattern emerged when the distribution of traffic was examined in relation to the Social Index. In other words, areas with lower traffic volumes did not consistently have lower numbers of risk factors. However, a few neighbourhoods contained both the highest

volumes of traffic and the most risk factors; while a few other neighbourhoods had the lightest traffic volumes and the fewest risk factors.

Litter

Map 16 depicts the presence of garbage, litter, or broken glass in the streets, on the sidewalks, or in the yards of the neighbourhoods.

Map 16– Which areas had the most litter present?

- ◆ Garbage and litter was found in 65 % of the EAs.
- ◆ In approximately 6 % of the EAs (located mostly in the central and north east areas), litter and garbage were found everywhere.

Putting it all together:

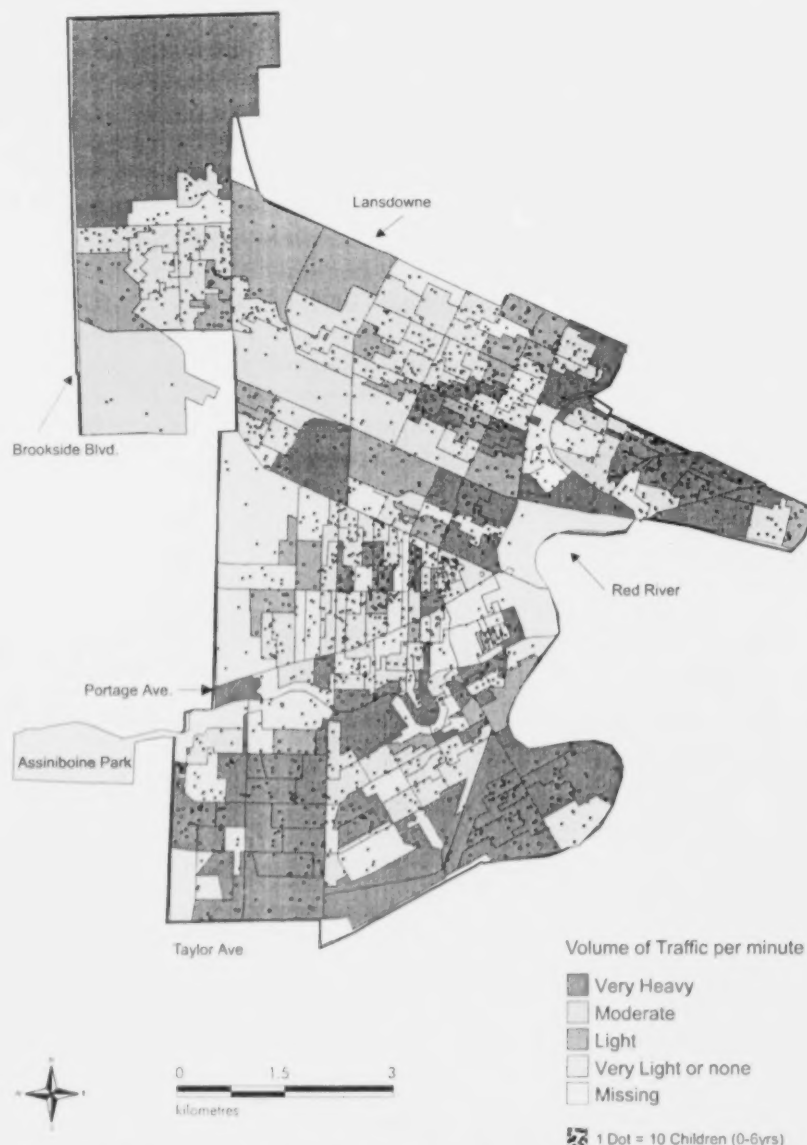
Creating a physical environment scale

Children's physical environments, including conditions such as overcrowding and poor-quality housing, can have a significant impact on their health and well-being. For example, children living in poorer environments are more likely to live in homes that are deteriorating or in need of major repairs (Ross, Scott, & Kelly, 1999).

Assessing the physical environments and characteristics of neighbourhoods is an aspect of community research that is often overlooked, partially because of the operational difficulties involved in collecting such information. Therefore, a consolidated measure of the physical characteristics of community's neighbourhoods has been developed called the Physical Environment

Map 15

Where did children live in relation to traffic patterns in Winnipeg (School Division No. 1)?



HRDC Final Report of the Community Mapping Study – Winnipeg
 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) – November 2001

Map 16

Which areas had the most litter present?



HRDC Final Report of the Community Mapping Study - Winnipeg
*Source: 1996 Census

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Scale. Based on factors that have been postulated to have an impact on children's outcomes, this measurement can provide useful information for communities. The Physical Environment Scale, designed to assess the overall physical environment of Winnipeg (School Division No. 1), used the following neighbourhood characteristics to help assess the physical environment:

- ◆ Condition of the buildings;
- ◆ Percentage of dwellings in need of repair;
- ◆ Volume of traffic on the streets or roads;
- ◆ Presence of garbage, litter, or broken glass and needles;
- ◆ Noise levels;
- ◆ Number of stop lights observed; and
- ◆ Number of lanes in the streets.

(Refer to Appendix E for more information on the scale's development).

Map 17 – What was the overall physical condition of Winnipeg (School Division No. 1)?

Overall Winnipeg (School Division No. 1) rated fairly well on the scale (263 EAs had a score above 15). Possible scores ranged from 6 to 24, with higher scores representing better neighbourhood characteristics.

However, close to 68 neighbourhoods were rated as having the least favourable conditions (refer to areas with dark blue shading). Many of these areas also contained high proportions of children and had higher numbers of potential social and economic risk factors. These areas demonstrate multiple layers of risk: social, physical, and economic. Hence we

could assume a greater likelihood of negative developmental outcomes.

How can the community use this information?

- Most of Winnipeg (School Division No. 1) appears to have good physical environments in which to raise children. However, problem spots may need to be assessed by the community for potential improvement. For example, where children need to cross roads to schools, pre-schools or play spaces, more cross-walks or stop lights could be added as required.
- The areas providing the least favourable conditions may require concentrated action to ensure improvements in housing quality, street cleaning and other city services.
- Broken windows, poor play equipment and litter can be associated with other anti-social behaviours such as graffiti and vandalism. Community programs encouraging civic pride, such as litter clean-up and improved lighting, have the potential to improve the Division's physical environment. An additional benefit of neighbourhood improvement projects is their role in building stronger community networks and strengthening community involvement, particularly of children.

Map 17

What was the overall physical condition of
Winnipeg (School Division No. 1)?



HRDC Final Report of the Community Mapping Study - Winnipeg
*Source: 1996 Census

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

5. Neighbourhood Resources

This chapter shows the distribution of resources in the area of Winnipeg (School Division No. 1); and discusses the implications of these findings. Theories based on neighbourhood resources view the community itself as a resource for human development. Resources in the neighbourhood support families and neighbourhood residents by complementing their efforts to raise their children and support their optimal development. By investigating the links between the quantity and diversity of services available for children (such as health and social services, police, parks and recreation), with the developmental outcomes of children (such as emotional and cognitive development), communities can evaluate the effectiveness of these resources and determine how best to distribute them. In this report, the distribution and variety of services are examined. Establishing the links to outcomes will be the focus of the Early Childhood Development report, the companion document to the Community Mapping Study.

Such theories imply that increased, and appropriate availability of programs and services lead to an enrichment of experiences, more opportunities for development, the support of social networks, and reduced prospects for developing problems. Scarcity of resources, on the contrary, can result in reduced opportunities for enrichment, lack of supportive environments, and higher need for preventive and corrective action. The provision of services can be expensive and labour intensive, therefore it is essential to ensure that they are effective, and contain the best mix and right coverage of services (see Jencks & Mayer, 1990 for a review of the theories of neighbourhood influences).

How were services distributed in Winnipeg (School Division No. 1)?

Why ask this question?

A community can help serve its residents by offering a range of programs and services to meet the needs of children. Programs can serve a variety of purposes.

For example, they can be:

- ◆ recreational
- ◆ educational
- ◆ supportive
- ◆ interventions when problems occur.

These programs may offer opportunities to increase the quality of life through a learning or recreational experience, while at the same time increasing access to supportive social networks.

Three broad program categories that are important influences on child development outcomes were examined:

- ◆ Child-centred programs;
- ◆ Parent-centred programs; and
- ◆ Community-centred programs.

It should be noted that although special needs and at risk- programs and services will be profiled within the community-centred resources section, many of these children are also supported through existing service systems. For example, the Child Day Care Office provides supports to child care centres and families for children with disabilities to attend their centres. Winnipeg (School Division No. 1) has numerous supports available for children at risk and children with special needs

to ensure they have access to school education.

Two additional program categories deserve attention:

- ◆ Health and Wellness programs
- ◆ Culturally related programs

As highlighted throughout this report, the Aboriginal community represents a unique aspect of this UYEY community and will be profiled within the culturally related resources section. However, many of the systems and services within Winnipeg (School Division No. 1) are inclusive of the Aboriginal population and their culture. For example, Winnipeg (School Division No. 1) and the licensed childcare system both provide programs that are integrated and inclusive in nature.

Similarly, for ease of collecting and organizing the information, seemingly distinct resource categories have been identified. However, most programs incorporate elements from each area. For example, while child-care centres are listed as a child-centred program, the family also benefits from this program. Child care enables the parent to work or go to school, assured that their child is cared for. In addition, child care programs may offer other supportive services to parents.

A second example is parenting classes. Although a parent-focused program, its benefits can spill over to the children as well as the community as a whole.

What was the process of the Community Program Survey?

First, an inventory of programs was developed. Next, a sample of 20% of the agencies within each of the 3 categories was contacted to collect information about the types of services

they offered, the intended recipients, barriers to participation, and areas of concern (refer to Appendix F for a detailed description of the design and results of the community program survey).

Child-Centred Programs

Early childhood programs have the potential to increase a child's readiness for learning, thereby enhancing his or her lifelong academic and personal development. However, in order for these programs to be effective in helping children achieve their optimal potential, they need to be developmentally appropriate and responsive to the experiences, backgrounds and needs of the students (Doherty, 1997).

High quality early childhood care and education has long lasting effects on a child's social, intellectual, and emotional development, regardless of their socio-economic background (Cleveland & Krashinsky, 1998). Four types of resources were identified as contributing to optimal child development:

- ◆ Child Care Centres
- ◆ Pre-schools
- ◆ Nursery Schools
- ◆ Kindergartens

.....
: A child's readiness to learn at entry to :
: formal schooling is an important indicator of :
: his or her future academic and social :
: success, which in turn can influence his or :
: her life-long prospects for employment and :
: financial security. Programs for young :
: children that enhance their physical, social, :
: emotional, and cognitive development help :
: provide the foundation for later learning. :
: Doherty, 1997 :
:.....

Child Care Centres

In 1983, the Government of Manitoba proclaimed the Community Child Day Care Standards Act and introduced licensing regulations which defined minimum standards for the operation of child care facilities. These requirements are monitored by Manitoba Child Day Care to ensure that each licensed child care facility provides the following essential elements:

- ◆ an environment that contributes to the health, safety, and well-being of children;
- ◆ a program of activities to promote the physical, social, emotional and intellectual development of children; and
- ◆ an opportunity for parental involvement in the operation or management of a child care centre.

Because of the large demand for non-parental care, childcare is an invaluable resource for parents. The availability of early childhood education and care is particularly important if efforts are undertaken to help parents finish school, enter a training program, or look for work.

There are 2 major types of care that the child care system in Manitoba provides: centre-based care and home-based care. Within these two categories, both full- and part-time programs may be offered. Additionally, subsidies are available to families who may need to have fees reduced in order to enrol their child into a licensed child care program,

The Child Day Care system has a goal of placing children with disabilities in early childhood settings to facilitate their developmental potential within a community environment which fosters positive attitudes toward integration.

Refer to Appendix G for more information on Manitoba's commitment to early child development.

Map 18 – Where are the child care centres?

- ◆ There were 130 licensed child care facilities and 79 licensed family day-care homes in Winnipeg (School Division No. 1). These centres offer infant through to school aged services and programs.

Preschools

Participation in learning-based preschool programs can lead to achievement gains and, in some cases, gains in self-esteem, motivation and social behaviour (Westchester Institute For Human Services, 2000). For some children, attendance at a preschool type program may be their first exposure to a structured learning environment. Preschools are learning-focused play centres that offer children, sometimes with their parents, the opportunity for play-based learning. Pre-schools vary in their fee policies (some programs charge fees; some fee-based programs are subsidized; and some programs operate as co-operatives, where fees are reduced or eliminated as a result of parental volunteering). In this report, preschools were considered as part-time programs.

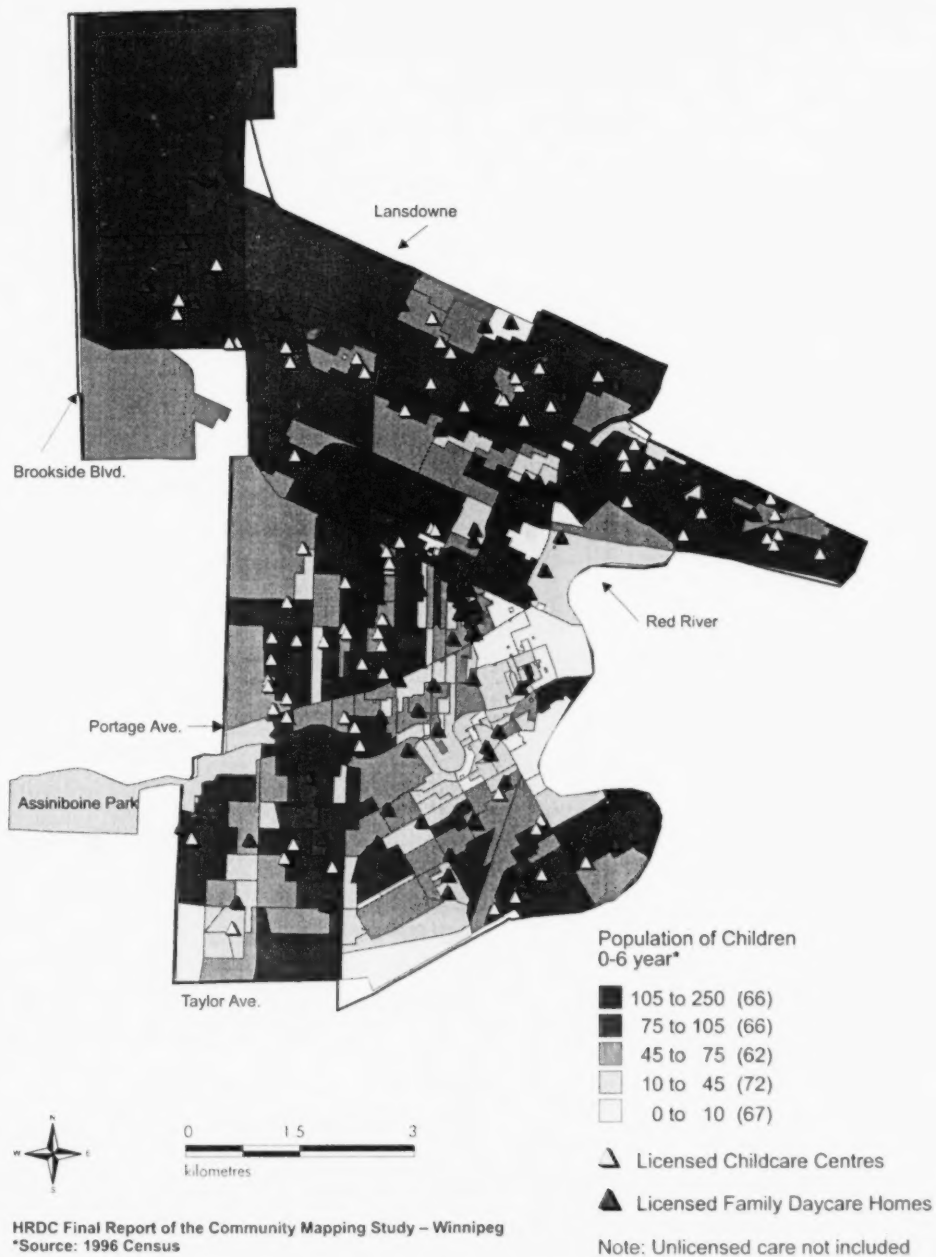
Several of the preschool programs were licensed by the Manitoba Child Day Care Office. These licensed programs adhere to the regulations for minimum standards.

Map 19 – Where are the pre-schools?

- ◆ There were 16 preschool-type learning programs in the community. These included programs like Montessori nursery, Aboriginal HeadStart, and Independent schools.

Map 18

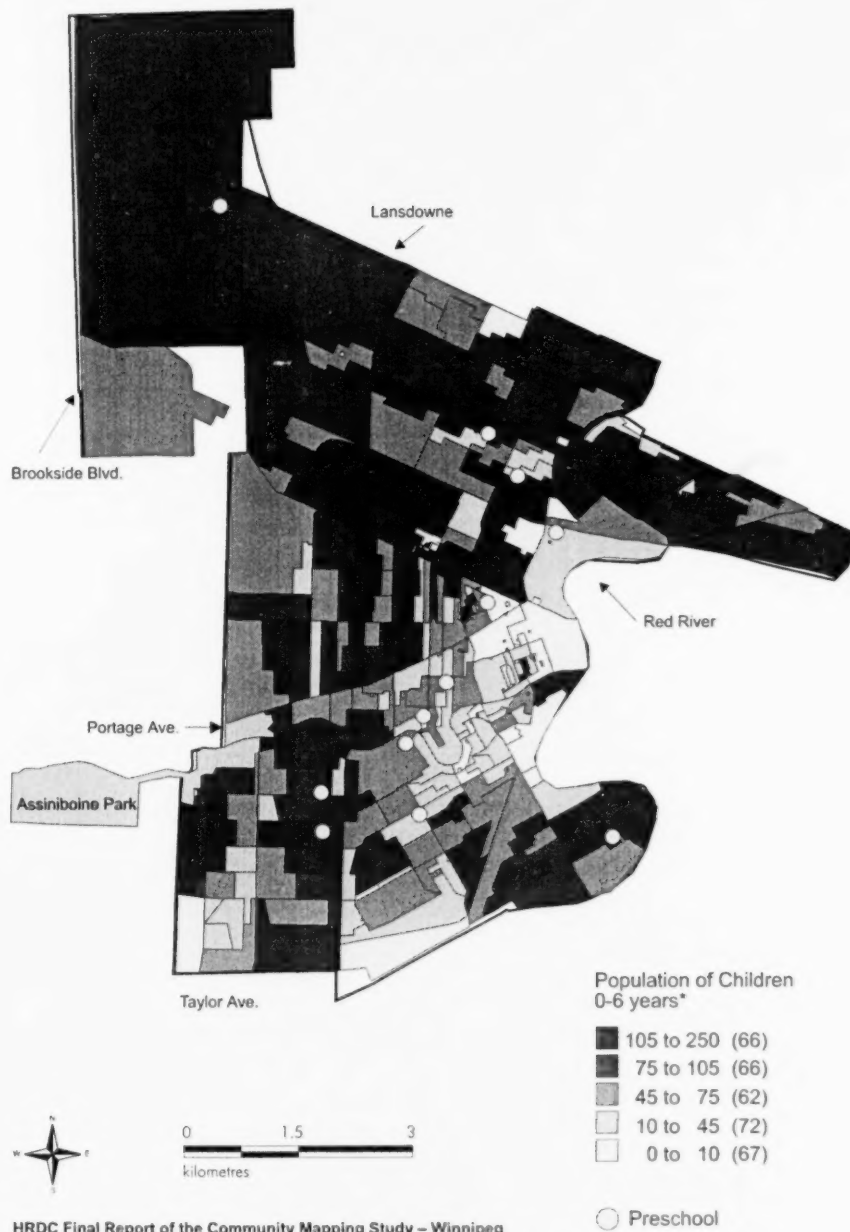
Where are the child care centres?



Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) – November 2001

Map 19

Where are the pre-schools?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Nursery and Kindergarten

Winnipeg (School Division No. 1) offers a Nursery program in each of its 59 elementary schools. The nursery schools offer a variety of learning activities in a structured environment. Children then move on to Kindergarten. Nursery in Winnipeg (School Division No. 1) is equivalent to the junior kindergarten program in Ontario.

Nursery programs have been offered in the Division since 1965. Today all Winnipeg (School Division No. 1) schools have nursery classes, including a program at Mount Carmel Clinic. The Division funds the Nursery Program with no support from the province. The program runs for eight months of the school year.

Kindergarten programs are offered in each of the 59 elementary schools with instruction in language arts, mathematics, science, social studies, physical education, health, music and art.

Map 20- Where are the nursery programs and kindergartens?

- ◆ There were 59 elementary schools in Winnipeg (School Division No. 1), each one offering a kindergarten program. Additionally, all 59 schools had a Division funded nursery program for four- year – olds. For the majority of children, this is their first experience with the school system.

Child-Centred Resource Availability

.....
: Seven out of ten Canadian mothers with :
: children under age six are in the paid :
: workforce (Vanier, 2000). Providing choices :
: of early childhood experiences for families :
: and children fosters child development and :
: supports the needs of parents. :
.....

The community of Winnipeg (School Division No. 1) demonstrates good geographic coverage of resources for young children. Several different types of resources are represented, including part-time and full-time, home-based, school-based, and centre-based.

Map 21- Where are the child centred resources?

This Map provides an overview of all available child-centred resources.

Family-centred resources

Positive parenting practices have been related to increased pro-social behaviours in children and a decreased likelihood of behavioural problems (Chao & Willms, 1998). The literature also suggests that parenting and life skills training for adults can serve as protective factors, thereby decreasing children's risk for problems (Harachi, Catalano, & Hawkins, 1997).

Resources that provide support to families can include:

- ◆ Family support centres;
- ◆ Parent relief programs;
- ◆ Parenting classes and programs; and
- ◆ Drop-in programs.

Family Support

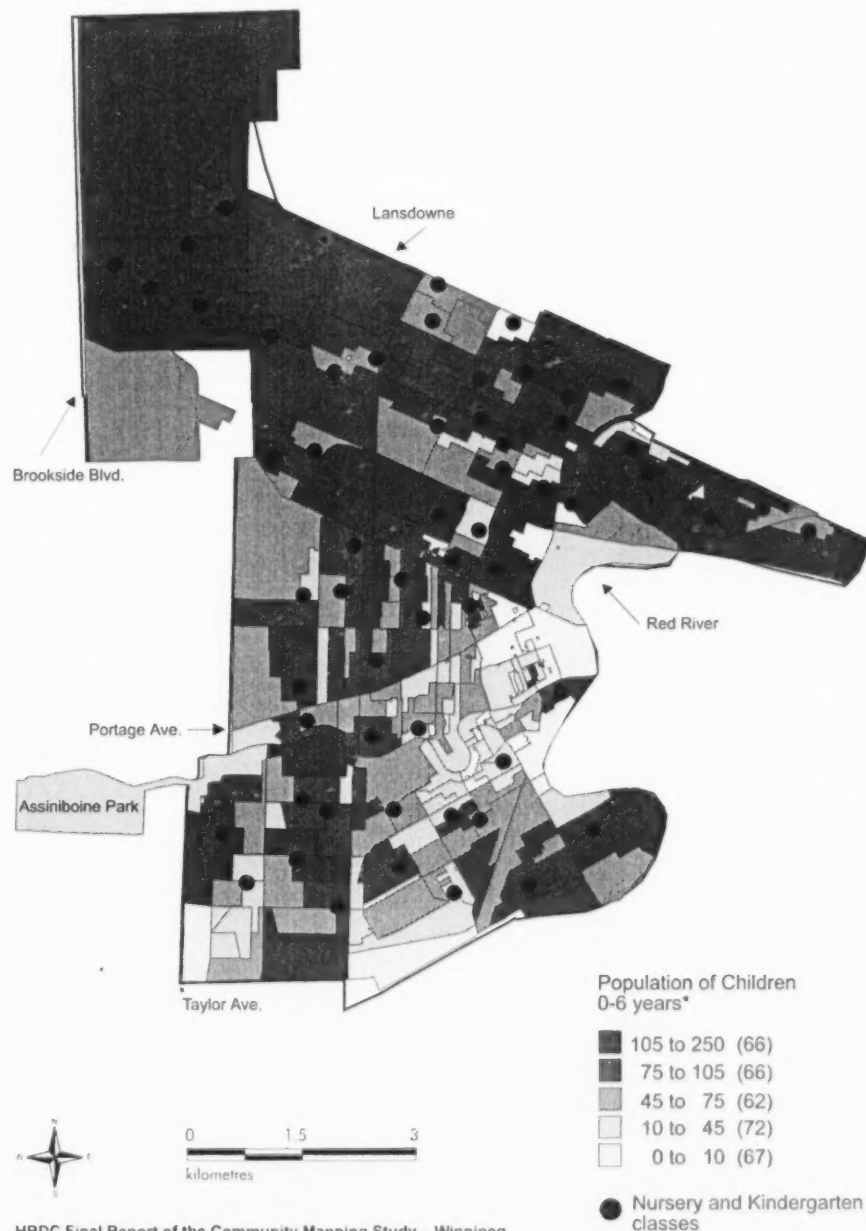
Family support programs include support groups, resource centres, parenting groups for mothers, fathers and teen parents, and home visiting.

Supportive initiatives for parents should begin as soon as possible – from the time of conception – with programs that support and educate parents (Mustard & McCain, 1999).

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Map 20

Where are the nursery programs and kindergartens?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Map 21

Where are the child centred resources?



Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

Map 22 – Where are the family support programs?

They are clustered in the higher risk, high-density area.

Parenting Classes

NOBODY'S PERFECT is an example of a program for parents with young children. It focuses on the needs of young, single, low-income, socially or geographically isolated parents, or parents with limited formal education.

Other parenting programs include family literacy programs and parenting programs for young children.

Map 23 – Where are the parenting classes?

They are also clustered in the core.

Family Drop-in Programs

Drop-in centres provide families with casual opportunities to participate in activities in their community. Inclusion in a group can foster healthy families and encourage child development.

Map 24– Where are the family drop-in programs?

They are all north of Portage in areas with lower income and higher risk (social index).

Parent Relief

Parent relief programs provide a safe place for parents to leave their children for a few hours while they participate in other programs such as the Y neighbours program.

Map 25– Where are the parent relief programs?

Once again, they are in the core and North Central section of the Division.

Parent- and family-centred Resource Availability

Parenting was identified in the NLSCY as a key factor in early child development at all socio-economic levels. Providing supports to parents and families across the lifespan continuum is critical to ensuring the best possible outcomes for children.

Map 26 – Where are the family centred resources?

The CMS located:

- ◆ 68 parenting classes and programs;
- ◆ 30 parent relief programs;
- ◆ 100 parent support programs;
- ◆ 14 drop-in programs, and
- ◆ 4 employment assistance programs.

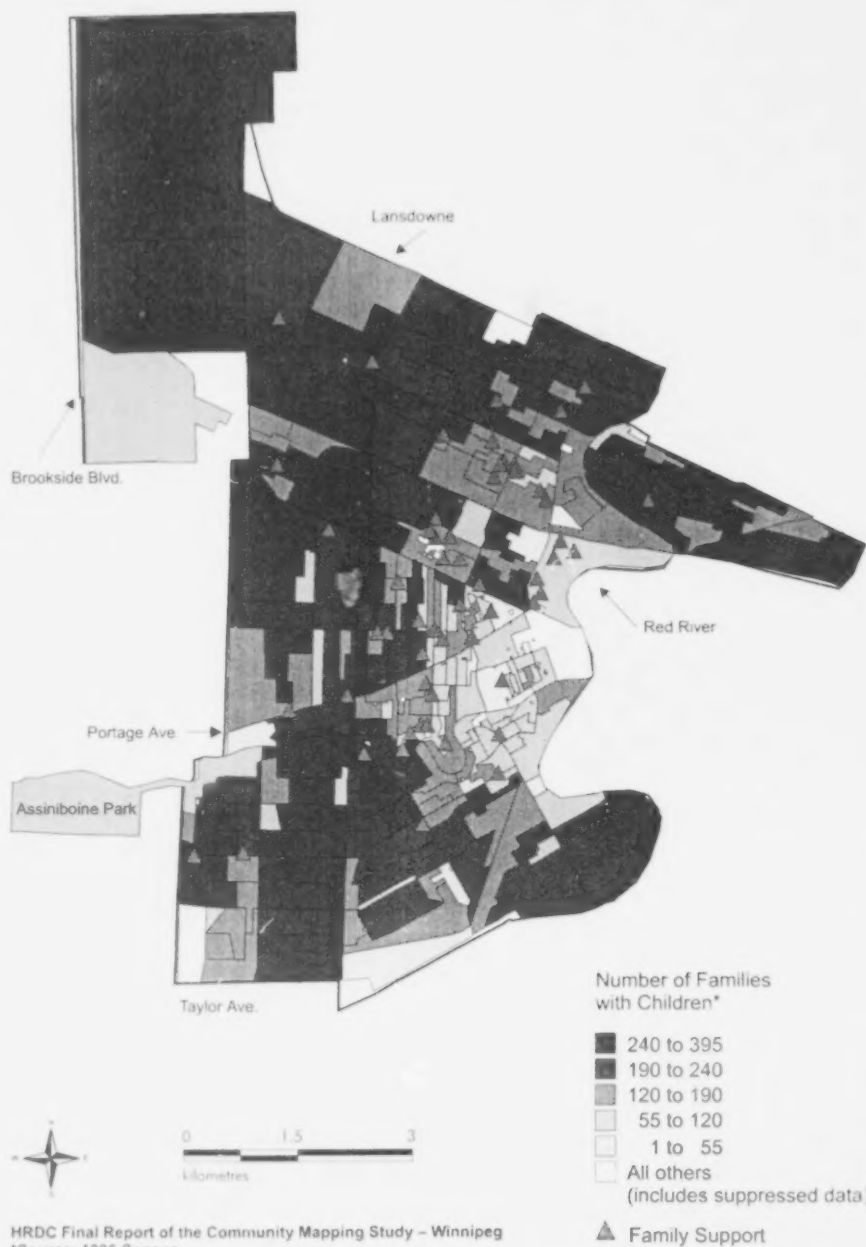
.....
: Family support programs seemed to be :
: widely distributed in the Division. :
.....

Community-centred resources

Children living in more civic neighbourhoods (characterized by factors such as helpful neighbours, safe environments, and the presence of good role models) were more likely to have participated in sports related activities (Offord, Lipman, & Duke, 1998). As well, a recent study on involvement in sports found that active parents tend to have active children, and that families with higher incomes were more likely to have children involved in

Map 22

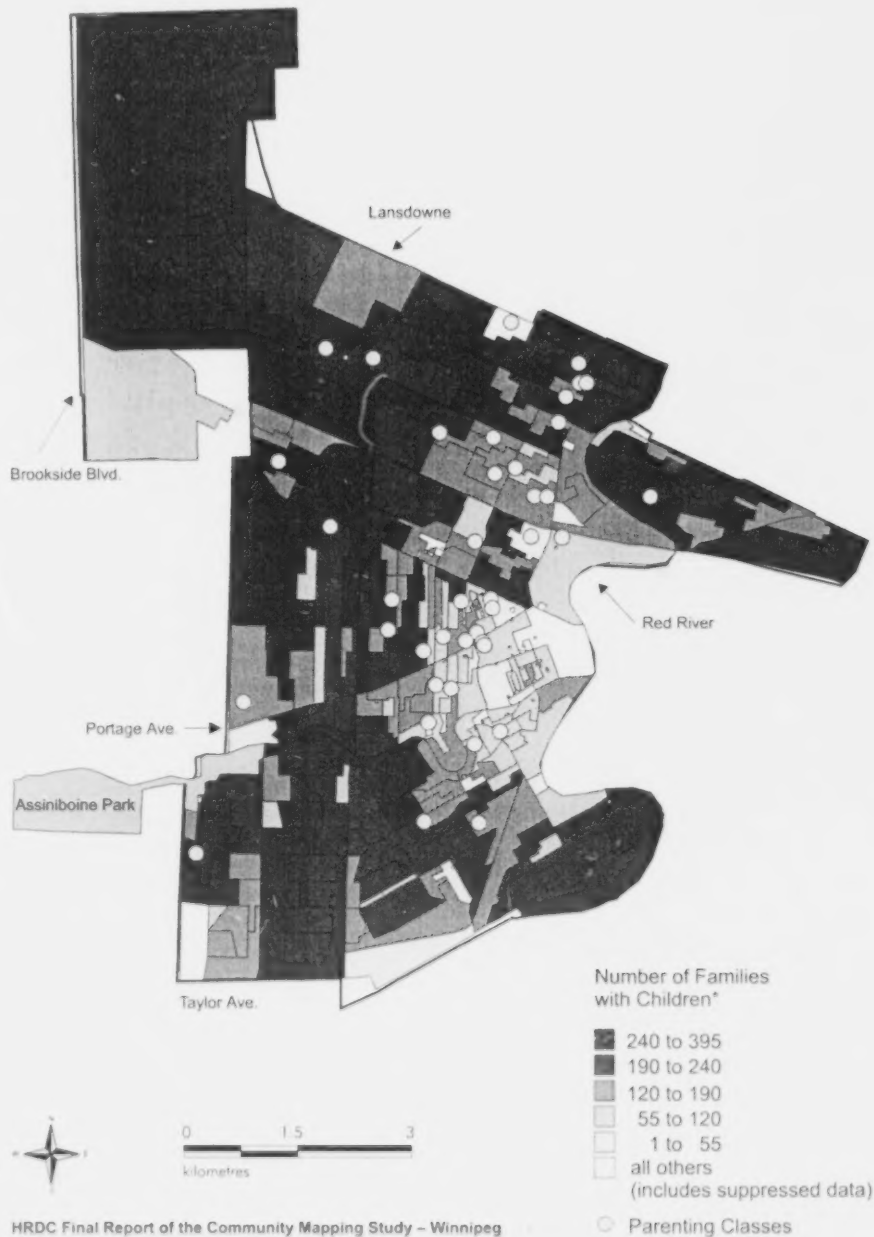
Where are the family support programs?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Map 23

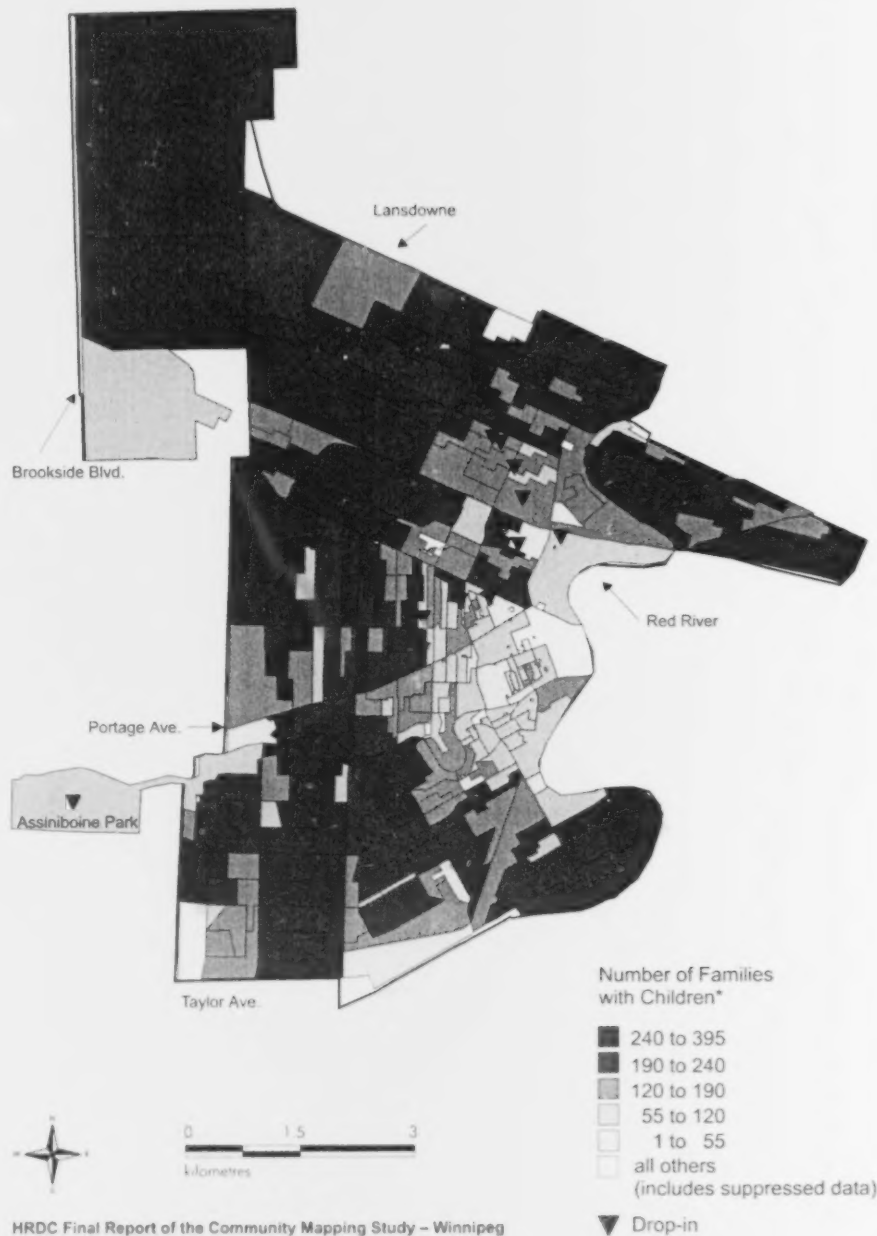
Where are the parenting classes?



Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

Map 24

Where are the family drop-in programs?

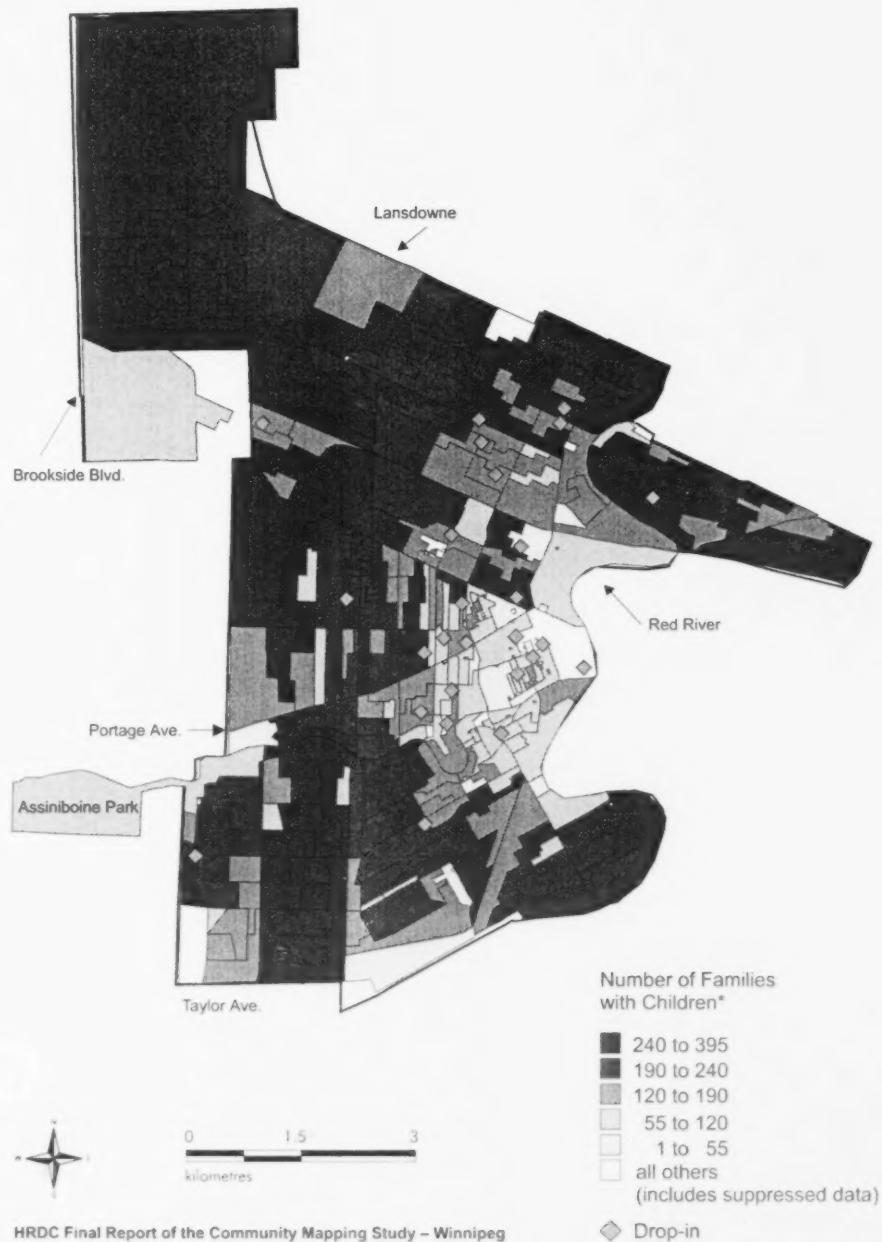


HRDC Final Report of the Community Mapping Study - Winnipeg
*Source: 1996 Census

Results of the Community Mapping Study for the Children
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Map 25

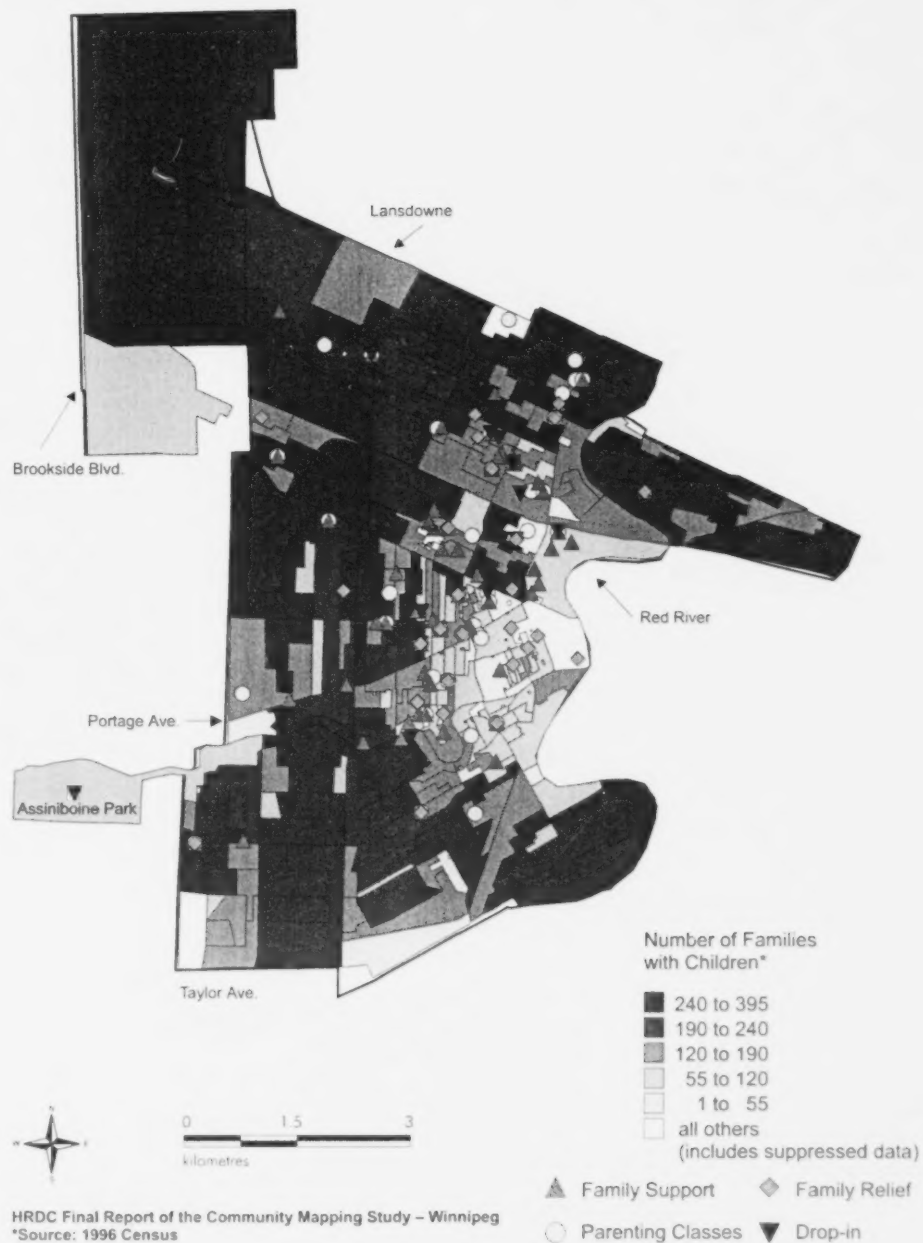
Where are the parent relief programs?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Map 26

Where are the family centred resources?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

sports as compared to families with lower incomes (Kremarik, 2000).

Six types of community-centred resources were identified as contributing to optimal child development:

- Education
- Special Needs and at-risk programs
- Social Housing
- Libraries
- Employment Assistance
- Recreation

Education

The Mission of Winnipeg (School Division No. 1) is to provide a learning environment that promotes and fosters the growth of each student's potential and provides an opportunity for the individual student to develop the knowledge, skills, and values necessary for meaningful participation in a global and pluralistic society.

The goal of Winnipeg (School Division No. 1) is to optimize educational growth opportunities for all students. The Division provides educational programs and related services to 33,500 students from Nursery to Senior 4, in regular elementary and secondary classes, special education classes, or adult day schools. In addition, the Division provides summer programs and English as a second language classes.

Community involvement in schools is encouraged through School-Based Decision Making and Parent Advisory Councils. Membership in the local school organization is encouraged to allow greater involvement of parents in the education of their children.

Parents are encouraged to communicate with the school in regard to the academic and social progress of their children and any concerns that may arise.

Several specialized services and supports are offered to families and children in Winnipeg (School Division No. 1):

- Child Guidance Clinic offering school psychology, psychiatry, audiology, speech and language pathology, literacy, and social work services.
- Prince Charles Educational Resource Centre offering supports in all curriculum and instruction areas as well as in Aboriginal culture, early childhood, health, ESL, ELENS, library and media, and pupil services.
- Special Education Division: Coordinating students for special education services, monitoring placement and supports; arranging transportation for children entering special education programs; distributing non-resident applications for programs; assisting staff in programming; and identifying special education program needs within the Division.
- Space for child care centers.
- Community liaison officers providing translation and supports to families.

See map 20 for the school locations within Winnipeg (School Division No. 1).

Services for children at risk and children with special needs

Many children may experience multiple risk factors in their lives such as low-income status, negative parenting practices, parental separation, or abuse. Such children may grow

up to experience problems such as poor health, emotional or behavioural problems, and difficulties in learning. In order to enhance children's capacity for successful development, accessible and effective programs and services need to be available for children and their families living in high-risk circumstances.

The purpose of School Therapy Services, a program in Winnipeg (School Division No. 1) is to provide physiotherapy and occupational therapy support services in the school setting for students with disabilities. The goal is to enhance the learning potential for the students with disabilities and to facilitate his or her adaptation to the education environment. The special education model is designed to be as non-categorical as possible. It provides for a number of student placements, while meeting the unique learning needs of each individual child.

The Child Day Care Children with Disabilities program facilitates the placing of children in early childhood settings in order to foster their developmental potential within a community environment. This integrated program provides opportunities for children with disabilities to learn from peers, and acquire requisite life skill experiences.

Map 27- Where are the programs for children at risk and children with special needs?

- ◆ There were about 68 programs and services for children at risk (such as Early Start, Head Start, Rossbrook House). This number does not include services for children and families at risk such as funding or institutional services.
- ◆ Forty programs for children with special needs were present in the division. This number does not include all services available to children with special needs

such as societies, advocacy efforts, research, or professional organizations.

Social Housing

Access to affordable, safe and quality housing is one of the most fundamental needs common to all Canadians. At the same time, many families face difficulties in finding such housing, especially when they must spend an increasing proportion of their income on shelter. According to the Canada Mortgage and Housing Corporation, a family has experienced a housing affordability problem when one-third or more of their household income is spent on shelter costs. In 1996, approximately 30% of all families renting their home spent one-third or more of their income on housing, with this burden falling heaviest upon young families and those headed by lone parents (Canadian Council on Social Development (CCSD), 1999). This trend has increased over the past decade, particularly among lone parents.

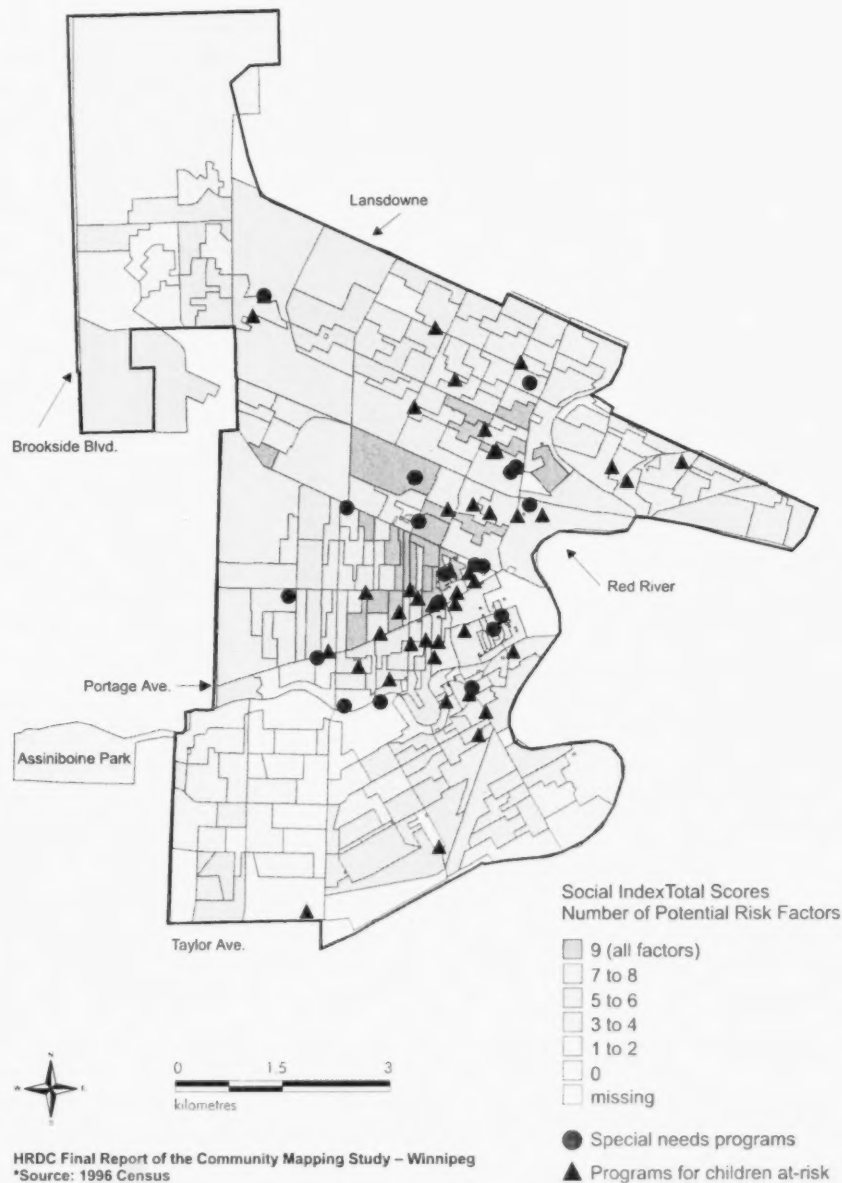
.....
 : With one-third of renting families in Canada :
 : over-burdened with shelter costs, the :
 : availability of community social housing is :
 : key to addressing the fundamental need of :
 : families for access to affordable, safe and :
 : quality housing. :
 :

Winnipeg (School Division No. 1) Housing Registry

Students who change schools frequently experience difficulties in adjusting to new routines and new people, subsequently their learning may be affected. The Housing Registry is a program designed to address the problem of migrancy among children and their families. Parents are encouraged to locate appropriate housing within the community, making it possible for their children to continue their studies without

Map 27

Where are the programs for children at risk and children with special needs?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

interruption or without having to change schools mid-year. Support and assistance are provided to families in locating suitable housing and/or resolving their housing problems.

Map 28 - Where was the social housing located in relation to low income households in Winnipeg (School Division No. 1)?

- ◆ In Winnipeg (School Division No. 1), there were approximately 268 social housing developments.
- ◆ There appears to be a good match between the location of low-income families and availability of social housing.
- ◆ A cautionary note: This map does not necessarily reflect choice of housing. Low-income families may not be able to live anywhere else but in these social housing units.

Libraries

Research suggests that children from families where parents do not speak either official language or have low literacy skills may suffer from a diminished opportunity, or take longer to acquire literacy skills. This disadvantage can be compounded in families where parents have low levels of educational attainment or in families living in poverty (National Institute of Adult Education: Adult Literacy and Basic Skills Unit, 1993).

Participants in adult literacy programs are more likely to:

- ◆ Receive gains in employment;
- ◆ See an increase in financial earnings;
- ◆ See a reduction in welfare dependence;
- ◆ Pursue further education; and

- ◆ Demonstrate an increased involvement in their children's education.

In addition to the public libraries, Library Media Services of Winnipeg (School Division No. 1) publishes *Inklings*, a monthly journal, to communicate with school libraries. It also publishes the LMS Newsletter, which is circulated to all schools with the first Administrative Bulletin each month. Appraisals, a quarterly reviewing journal, is published to assist school libraries with selection of learning resources. LMS Handbook, a guideline for school libraries, outlining standard procedures and best library practice, is updated annually. The Union List of Periodicals and Winnipeg (School Division No. 1) Union Catalogue in CD-Rom format are also published annually to facilitate resource-sharing among the Division's libraries.

Map 29 - Which areas had the greatest access to libraries?

Winnipeg (School Division No. 1) had 7 public libraries and 37 literacy programs:

- ◆ Seven public libraries were distributed throughout the division.
- ◆ The community had 10 ESL (English as a second language) programs housed in libraries.
- ◆ Many of the Division schools had parent libraries, literacy programs, and ESL supports for parents.

Recreation

Ensuring that recreational opportunities are available and affordable is important to a growing child's physical and emotional health, psychosocial skills and improved self-esteem (CCSD, 1998). Children's participation in

Map 28

Where was the social housing located in relation to low income households in Winnipeg (School Division No. 1)?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Map 29

Which areas had the greatest access to libraries?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

supervised and unsupervised sports and arts-oriented activities is associated with increased psychosocial development. The presence of good parks and play spaces in children's neighbourhoods has been linked to increased participation rates in supervised and unsupervised sports and arts activities.

Not only is the presence of an outdoor play space important, but the kind and amount of vegetation in the play area (often measured by the number of trees and amount of green space or grass) also makes a difference. Studies have found that adults are more likely to use, and children are more likely to play in, areas with higher vegetation. Nearly twice as many children were observed playing in areas with many trees than were observed in areas with few trees (Coley, Kuo, & Sullivan, 1997; Taylor, Wiley, Kuo, & Sullivan, 1998). In addition, more creative forms of play occur in areas with greater vegetation (Taylor, Wiley, Kuo, & Sullivan, 1998).

Map 30 - Where are the non-traditional recreation programs located?

- ◆ Thirty-nine schools in the Division offered open gym times after school and often on weekends, providing sports equipment and supervision for young children.
- ◆ Twenty-nine leisure centres offered programs such as painting, photography, pottery, judo, cartoon drawing, gymnastics, etc. to children aged six and younger and their families.
- ◆ Three martial arts studios offered programs for young children.
- ◆ Two schools offered cooking programs for preschoolers.

Community services, such as community centres, are beneficial to all residents.

Community centre-based programs provide an important opportunity for children to learn social and other skills through interaction with their peers, through instruction or through mentoring by adults. Almost two-thirds of all children and 80% of low-income children rarely participate in clubs or group programs such as those offered at community centres (Ross & Roberts, 2000). Barriers to accessing community centres, such as cost and transportation, may be responsible for their lower rate of use.

Map 31 - Where are the community and recreation centres located?

- ◆ Forty-nine recreation and community centres were located throughout the Division.
- ◆ Twenty-three resource centres were located, offering programs such as drop-in recreation, sport camps and parental support.

Community-Centred Resource Availability

A variety of programs and services were available for families within the community. Providing choices to community members fosters their ability to gain skills and supports needed to be active participants in their neighbourhoods.

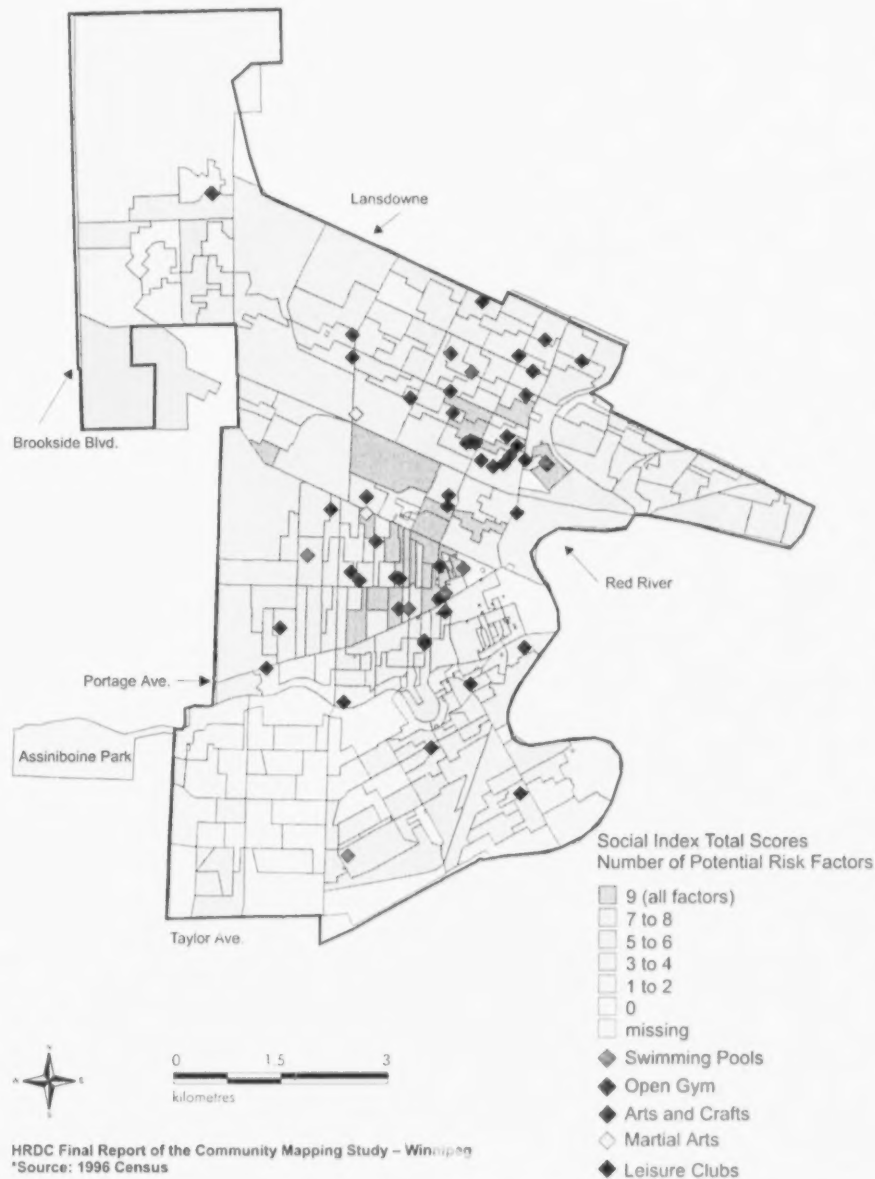
Health and Wellness Services

Three types of programs were identified as contributing to optimal child development:

- Preventative health services – including nutrition programs, health and counselling services;

Map 30

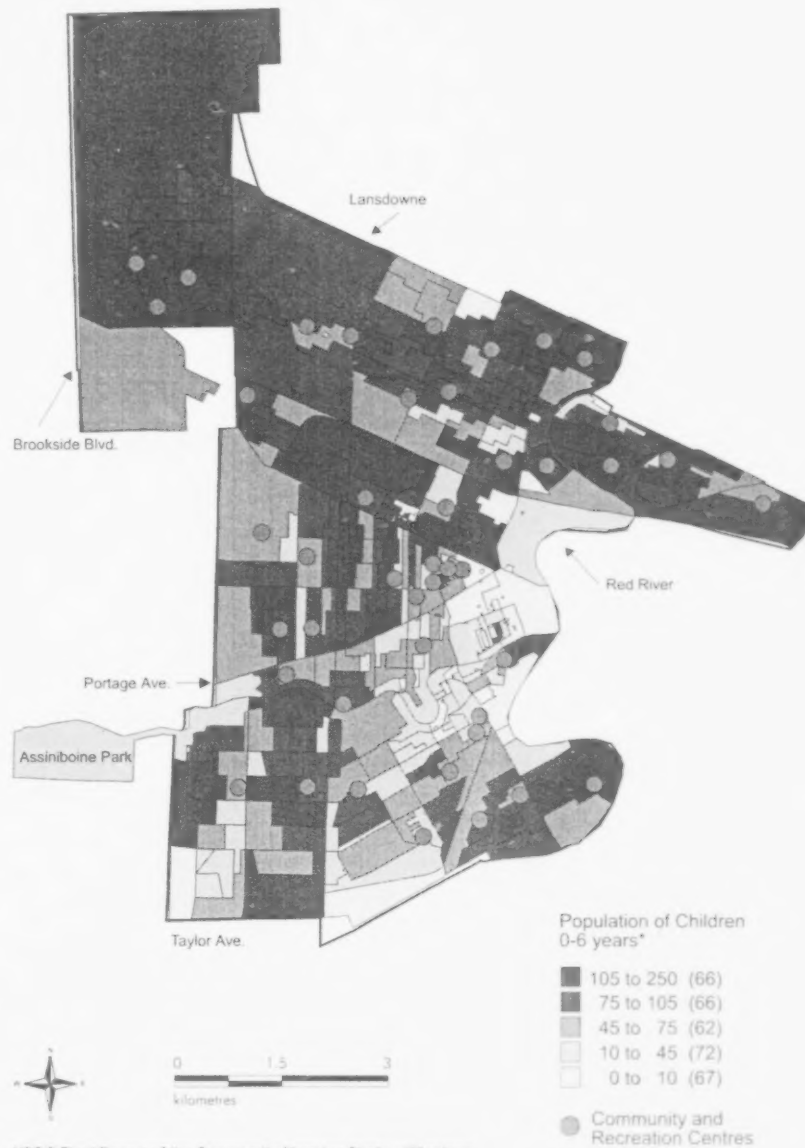
Where are the non-traditional recreation programs located?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Map 31

Where are the community and recreation centres located?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

- Doctors and dentists; and
- Emergency services.

Preventative Health Services

Nutrition and health promotion programs

From a developmental perspective, hunger and under-nourishment has greater effects on infants and preschool-aged children than on school-aged children. Therefore, parents of under-nourished preschool children need priority access to food programs.

Past research has shown that nutrition programs can improve outcomes for children. Implementation of a Montreal-based prenatal nutritional counselling, motivational training and food supplement program for high-risk pregnant women, called the Montreal Diet Dispensary Program, has "resulted in significant increases in mean birth weights compared with the newborns of high-risk women not enrolled" (Steinhauer, 1998).

As well, a Vancouver based outreach program that targets women at risk of having low birth weight babies (Vancouver's Healthiest Babies Possible), has seen positive results. Participation in the program resulted in behavioural changes among the mothers (e.g., quitting smoking) and higher birth weights for their infants. The program was multifaceted and addressed issues such as nutrition and lifestyle choices and group support meetings. It also provided access and referrals to health and other agencies (National Council of Welfare, 1997).

Environments with high levels of social and economic inequality, social isolation and a lack of social cohesion are associated with adverse health outcomes – especially for young developing children. These factors also make it hard for families to create positive environments for children.

Counselling Programs or Centres

Counselling and mental health services, as preventive and corrective measures, can be beneficial to all members of the community. A recent study in the U.S., for example, found that the availability of community-based services was associated with decreased rates of hospitalization services for children with emotional disturbances (McNulty, Evans & Grosser, 1996).

Counselling services in Winnipeg included a diverse group of providers, including ethnic and religious groups, and municipal or other community services. These organizations provided individual and family counselling and treatment and intervention programs.

- ◆ Approximately 125 counselling facilities were located throughout neighbourhoods in the Division.

Map 32- Where are preventative health services located?

- ◆ Approximately 88 nutrition and health promotion programs were found in the Division.
- ◆ Approximately 24 nutrition programs were located in the central and northern areas of the community.
- ◆ Forty-five preventative health programs were providing nutrition services, prenatal care, mental health services, immunization clinics and other programs.
- ◆ Women and Infant Nutrition is a provincial initiative run by public health nurses in 12 locations, providing information, group activities for new moms, and juice and milk for children.
- ◆ Eight community kitchens teach parents how to prepare nutritious low-cost meals.

Map 32

Where are preventative health services located?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Doctors and specialist physicians

Is there a relationship between the distribution of physicians and the characteristics of a community? A recent study (Krishnan, 1997) found that the distribution physicians and specialists depended on certain socio-demographic factors within communities. For instance:

- ◆ Family physicians or general practitioners were most likely to be found in metropolitan areas with a high percentage of residents who were highly educated.
- ◆ Family physicians or general practitioners were less likely to be located in areas with a high proportion of the population under age five.
- ◆ Specialist physicians were more likely to be found in large population areas with a higher percentage of university-educated residents and in areas with a lower percentage of children and of owner occupied dwellings (Krishnan, 1997).

Map 33 - Where are the doctors and dentists located?

- ◆ Winnipeg (School Division No. 1) had more than 1200 doctors within the division boundary, many located in the centre of the city.
- ◆ All specializations were represented, including over one hundred paediatricians.
- ◆ Only 8 physicians in the city were taking new patients, an indication of limited access to family doctors.
- ◆ Nearly 300 dentists were located in the Division. All dental specialties were represented (e.g. orthodontics and oral surgeons).

Emergency health services – hospitals, ambulance stations, and crisis centres

Does the number of hospitals or ambulances in the community have an impact on the health of its residents? Some studies have found no decrease in health status among people living in communities that experienced hospital cuts (Canadian Institute for Health Information, 2000). However, more research is needed to help determine the impact in the community level of the distribution of health care services on utilization rates and overall population health.

For more information on the health status of children in Manitoba refer to *Assessing the Health of Children in Manitoba: A Population-Based Study*, by Marni Brownell, Patricia Martens, Anita Kozyrskyj, Patricia Fergusson, Jennifer Lerfold, Teresa Mayer, Shelley Derksen and David Friesen, published by the Manitoba Centre for Health Policy and Evaluation.

Map 34- Where are the emergency health services located?

- ◆ The division has one full-service hospital within its boundaries, The Health Sciences Centre (with the Children's Hospital attached). This hospital is located in the centre of the community
- ◆ Other care facilities included: one urgent care facility, one long-term care facility, one centre for children with disabilities, and one centre for children in crisis.
- ◆ Five ambulance bays were located primarily on the east side of the community.
- ◆ Twenty crisis-related services.

Map 33

Where are the doctors and dentists located?



Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) – November 2001

Map 34

Where are the emergency health services located?



Results of the Community Mapping Study for the Children
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Cultural resources

Four types of resources were identified as contributing to optimal child development:

- Aboriginal resources
- Immigrant resources
- Arts and entertainment
- Places of Worship

Aboriginal Resources

The Aboriginal Centre of Winnipeg Inc. (ACWI) is both a gathering place for people and a place to explore new ideas in education, economic development, social service delivery and training. The Centre's participating organizations have established stronger linkages, enabling greater collaboration on the design and delivery of services for Aboriginal people in Winnipeg.

The ACWI was incorporated in October 1990 to promote the social, educational and entrepreneurial growth of the Aboriginal community in the City of Winnipeg.

The Aboriginal Health and Wellness Centre (AHWC) is a community-based health and wellness resource centre serving the Aboriginal community of Winnipeg. The Centre, its philosophy founded on traditional values and perspectives, provides a continuum of programs to help support the needs and aspirations of the individuals and families it serves. These resources include:

- ◆ Primary Care Clinic
- ◆ Community Development
- ◆ Community Outreach and Education
- ◆ Health Promotion and Prevention with the services of Physicians, Nurses and Community Health Workers

- ◆ Access to Traditional Healers
- ◆ Abinotci Mino-Awawin (Children's Health)
- ◆ Head Start Program
- ◆ Fetal Alcohol Syndrome/Effects Prevention Program
- ◆ Medicine Wheel Awareness Workshop

Winnipeg (School Division No. 1) has established several alternative educational settings to help students stay in school. Each program provides individualized instruction and support for the social and emotional needs of the students. These programs, attended by Aboriginal students, include:

- Wi Wabigooni (Victoria-Albert);
- Rising Sun (R.B. Russell);
- Eagle's Circle (Hugh John Macdonald); and
- Songide'ewin (Niji Mahkwa).

Map 35 – Where are the Aboriginal resources?

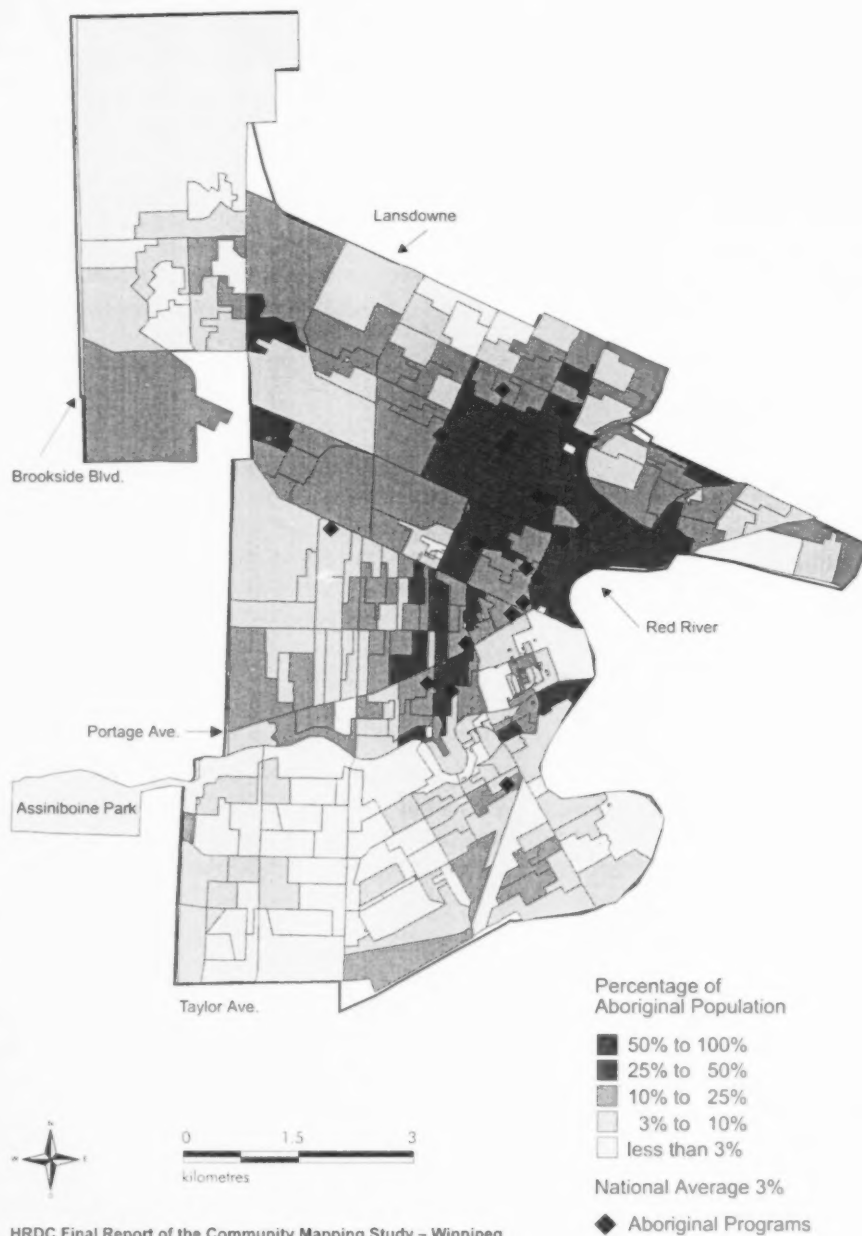
- ◆ Many of Winnipeg (School Division No. 1) schools offer programming for their Aboriginal children.
- ◆ The ACWI houses numerous programs and services in one location.

Immigrant Resources

While diversity provides communities with opportunities for cultural learning and growth, it also creates new and greater challenges than those faced by more homogenous communities. To help address inherent challenges, communities need to provide an adequate and accessible service network for immigrant families and their children.

Map 35

Where are the Aboriginal resources?



HRDC Final Report of the Community Mapping Study - Winnipeg
 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

Map 36 – Where are the multicultural and immigrant programs?

- ◆ There were 69 programs focusing on multicultural and immigrant families.
- ◆ Many of these programs were found in the mid-section of the Division.

Arts and entertainment resources

Participation in the arts exposes children to history and culture through a wide range of experiences, and has been positively associated with the presence of good parks, playgrounds and play spaces within a neighbourhood. Dr. Graham Chance, past chair of the Canadian Institute of Child Health, advocated that enrichment in music, the arts and recreation is vital to the development of the emotional and spiritual well-being of children (Campbell, 2000).

Factors that can be linked to increased participation in extra-curricular arts and cultural activities include both family characteristics (such as income level) and community characteristics (such as the availability of resources). Research demonstrates that children from lower-income families participate far less - 26 % less - than their higher-income counterparts. Children from higher-income families have higher participation rates, perhaps because of the cost of equipment, lessons, and nature of the programs themselves (Ross & Roberts, 2000). This discrepancy among income groups in children's participation rates in the arts shows a missed opportunity to improve developmental outcomes.

Children who participate in the arts were about 30% less likely to have one or more social or emotional problems compared to children who did not participate in such activities - even after controlling for income level and other family factors.

Offord, Lipman & Duka, 1998

Map 37 – Where are the arts facilities located?

- ◆ Over 60 galleries, museums, or cultural centres, and about 10 theatre and performance spaces were located in the Division.
- ◆ Arts and crafts programs were offered by most community centres. In addition, 23 other arts and crafts programs were located in the Division.
- ◆ Eleven dance programs, 16 music programs and 2 theatre programs for young children also operated in the community.

Places of Worship

Map 38 – Where are the places of worship located?

- ◆ Two hundred-sixty places of worship, representing all denominations with wide geographic coverage in the community, were located. Children's programs and family programs are an integral component of these worship communities.

How can the community use this information?

- Winnipeg (School Division No. 1) has a variety of services and programs throughout the community.

Map 36

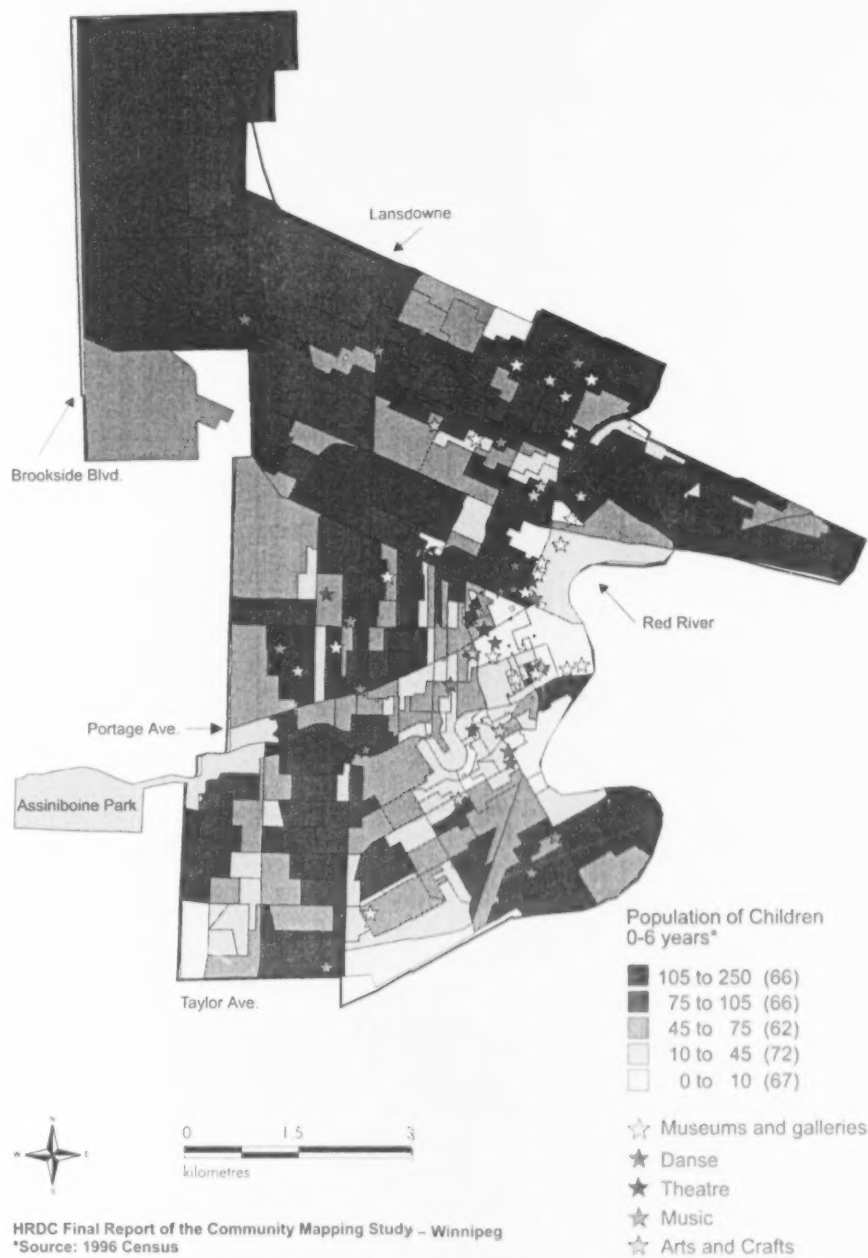
Where are the multicultural and immigrant programs?



Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) - November 2001

Map 37

Where are the arts facilities located?

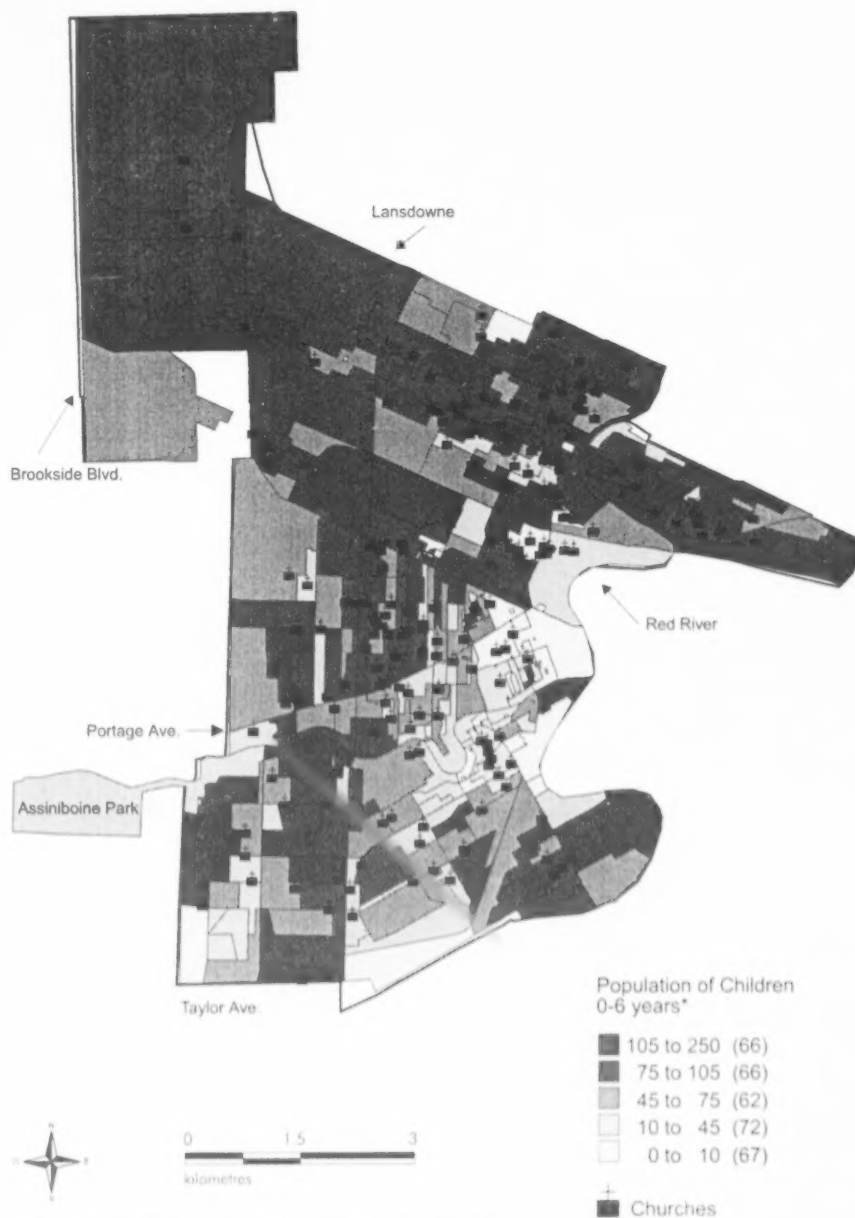


HRDC Final Report of the Community Mapping Study - Winnipeg
 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

Map 38

Where are the places of worship located?



HRDC Final Report of the Community Mapping Study - Winnipeg
 *Source: 1996 Census

Results of the Community Mapping Study for the Children
 in Winnipeg (School Division No. 1) - November 2001

-
- Some areas may benefit from additional services and programs, especially those with a high density of children aged six and under. Such improvements would require action by several stakeholders and include community participation.
 - The eastern arm of the Division appears to lack sufficient activities and resources for young children and their families. However, resources within the southern section of the community, a higher income area, could potentially be better utilized by children and their families living in less resource-rich areas.

6. Using the Research to Inform Community Action

A snapshot of the Community Mapping Study

This chapter summarizes some of the key findings emerging from the Community Mapping Study. These findings were selected because they point to potential areas of need; gaps in services; areas that have many resources; or uneven patterns of resource distribution.

The Community Mapping Study in Winnipeg (School Division No. 1), with the collection of information on its neighbourhoods' physical and socio-economic environments, provides a basis for community-wide discussions on resource allocation. While the CMS provides a rich dataset from which to help examine the relation of community resource availability with family and community demographics, it alone cannot provide data on the impact of community resources on child development outcomes.

There is a significant difference between having access to new data and information and effectively translating its implications to relevant decision-makers, policy makers and interested community groups.

By combining the CMS data with data provided by the Early Development Instrument and the NLSCY Community Study, new evidence will emerge to help link community strategies with child development outcomes.

Therefore, the purpose of the complementary report, WSD1 Early Childhood Development, is to integrate the three components of UEY –

the Early Development Instrument, the NLSCY Community Study, and highlights from the CMS – in order to provide new evidence on:

- ◆ How are our children doing? What do their outcomes look like?
- ◆ How do resources impact on children?
- ◆ Which resources have the best impact?
- ◆ How does community use their resources to improve their children's outcomes?

Research findings related to the social environment

A child's social Interaction with other people can have an important influence on his or her development. In addition, childhood is a critical stage of development where good or poor socio-economic circumstances have lasting effects.

The mothers' education is a particularly strong predictor of children's behavioural and learning outcomes. As well, a higher proportion of children with behaviour or learning problems are found in low-income families, even though the majority of vulnerable children are found in middle-income families (McCain & Mustard, 1999; Ross & Roberts, 2000; Willms, in press).

A snapshot of findings

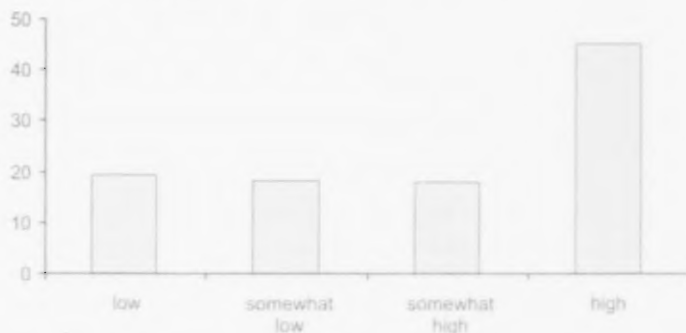
- ◆ Winnipeg (School Division No. 1) was an area with many families with children. Those EAs with few children tended to be sparsely populated industrial areas.
- ◆ Winnipeg (School Division No. 1) was a community made up of largely residential areas, with several large industrial zones primarily located in the northwest region.

- ♦ Green space, parks, play and recreational areas were located throughout the city.
- ♦ Children aged six and under were particularly concentrated in the central neighbourhoods of the city.
- ♦ 89 EAs (out of a total of 333 EAs in the Division) experienced high population mobility (as defined as 30% or more people in the area have moved within the past year). These EAs had an individual poverty rate of 31%. About 20% of the Division's young children lived in these neighbourhoods.
- ♦ Almost one-quarter of children aged six and younger lived in areas with a high proportion of individuals (about 54%) who did not have a high school diploma. These areas also contained a high unemployment rates (20%) and a high individual poverty rate (46%).
- ♦ A few isolated areas in the community with high unemployment (measured as greater than 23.3 %) were located mainly in the northwest and central regions of Winnipeg (School Division No. 1). These areas also were marked by other forms of social disadvantage, such as an above-average proportion of individuals without a high school diploma and a high individual poverty rate.
- ♦ Over one-third of neighbourhoods (124 EAs out of 333 EAs in the Division) had an individual poverty rate of 38% or greater. Over 9,000 of the Division's children aged six and younger resided in these high poverty neighbourhoods. Pockets of high poverty neighbourhoods resided near more affluent neighbourhoods, creating both opportunities and challenges for collaboration and resource distribution.
- ♦ A defining characteristic of Winnipeg (School Division No. 1), making it unique among Canadian communities, is its high proportion of Aboriginal People.

Putting it all together: Applying the social index to the community's demographic and physical characteristics

The Social Index is a tool designed to provide a comprehensive profile of the level of socio-economic well-being in communities.

Figure 1 – Proportion of children aged six and younger living in areas with varying numbers of risk factors.



Results of the Community Mapping Study for the Children in Winnipeg (School Division No. 1) – November 2001

Table 1 – Number of children in enumeration areas with differing conditions of risk

	Low Risk	Somewhat Low Risk	Somewhat High Risk	High Risk
Number of EAs	43	54	64	111
Percent of EAs	15.8%	19.9%	23.5%	40.8%
Number of children 0-6	3740	3515	3455	8775
Percent of children 0-6	19.2%	18%	17.7%	45%

Previously highlighted in Chapter 2, the following figure and chart are provided again to help summarize the findings of the CMS:

- ◆ Approximately 63% of children aged six and younger lived in EAs characterized as areas of "somewhat high risk" or "high risk."
- ◆ The "high risk" and "somewhat high risk" neighbourhoods were mainly located in the central section of the community, in addition to scattered pockets of these neighbourhoods located in the north-central and eastern sections of the community. These neighbourhoods tended to have higher poverty rates, lower levels of parental education, higher immigrant populations and higher levels of individuals who could speak neither English nor French.

Research findings related to the physical environment

Injuries, many of which may be caused by motor vehicle accidents, are one of the leading causes of death for children and youth across the country.

Crossing main streets or busy roads can present a greater risk to children. Younger children have been reported to have higher rates of injury, even though exposure to traffic

has been shown to be lower for younger children than for their older counterparts.

Children's physical environments, including factors such as overcrowding and poor-quality housing, can have a negative impact on their health and well-being.

A snapshot of findings

- ◆ Over 26% of the neighbourhoods were rated as heavy traffic areas.
- ◆ Just over 6% of the sampled neighbourhoods were rated as having "quite a lot of garbage" or "garbage everywhere."

Putting it all together: Applying the neighbour-hood physical environment score to the Division

In general, results indicated that the vast majority of neighbourhoods in Winnipeg (School Division No. 1) scored relatively well on the quality of their physical conditions. However, close to 68 neighbourhoods were rated as having the least favourable conditions. Of significance, many of these areas had a high proportion of aged six and under.

Research findings related to neighbourhood resource availability

Theories of neighbourhood resource availability view the community as a resource for human development. Such theories imply that increased availability of programs and services will lead to enrichment of experiences, more opportunities for development and access to networks of support, and fewer chances of developing problems.

Five areas of resources were seen to be contributing to optimal child development:

- Child-centred resources;
- Parent- and family-centred resources;
- Community-centred resources;
- Health and wellness resources; and
- Cultural resources.

A snapshot of findings

- ◆ There were 130 licensed child care facilities and 79 licensed family day-care homes, offering services and programs for infant to school-aged children.
- ◆ There were 16 preschool-type learning programs in the community. These include programs like Montessori nursery, Aboriginal HeadStart, and Independent schools.
- ◆ There were 59 elementary schools, each with a nursery and kindergarten program.
- ◆ There were 68 parenting classes and programs, 30 relief programs, 100 support programs, 14 drop-in programs, and 4 employment assistance programs.

- ◆ There were about 68 programs and services for children at risk (such as Early Start, Head Start and Rossbrook House).
- ◆ Forty programs for children with special needs were present in the community. This number does not include all of the services and funding available for children with special needs and their families.
- ◆ In Winnipeg (School Division No. 1), there were approximately 268 social housing developments.
- ◆ Seven public libraries are distributed throughout the division.
- ◆ Many of the division schools have parent libraries, literacy programs, and ESL supports for parents.
- ◆ The community also had 10 ESL (English as a second language) programs housed in libraries.
- ◆ Thirty-nine schools in the division offer open gym times after school and often on weekends providing sports equipment and supervision for young children.
- ◆ Twenty-nine leisure centres offer programs such as painting, photography, pottery, judo, cartoon drawing, gymnastics, etc. to children aged six and under and their families.
- ◆ Three martial arts studios offer programs for young children.
- ◆ Two schools offered preschool cooking programs.
- ◆ There were 49 recreation and community centres throughout the division.
- ◆ There were 23 resources centres offering programs ranging from drop-in recreation to sport camps, and parental support.

- o Approximately 89 nutrition and health promotion programs were found.
- o Approximately 24 nutrition programs were located in the central and northern areas.
- o Forty-five preventative health programs were located, their programs ranging from prenatal care and mental health to nutrition services and immunization clinics.
- o Women and Infant Nutrition, a provincial program run by 12 public health nurses in various locations throughout the community, provides information, group activities for new moms, and juice and milk for children.
- o Eight community kitchens teach parents how to prepare nutritious low-cost meals in a social environment.
- ◆ More than 1,200 doctors were located within the division boundary, many located in the centre of the city.
- ◆ Close to 300 dentists were located, representing all dental specialties.
- ◆ The division had one full-service hospital within its boundaries, The Health Sciences Centre (with the Children's Hospital attached)
- ◆ There were 20 crisis related services.
- ◆ There were over 60 galleries, museums, or cultural centres, and about 10 theatre and performance spaces in the community.
- ◆ While most community centres offered some form of arts and crafts programs, 23 additional programs were located.
- ◆ There were 11 dance programs, 16 music programs, and 2 theatre programs for young children.
- ◆ There were 260 places of worship, representing all denominations. Children and family programs are a major focus of these places of worship.

7. Next Steps

Acting on the evidence from the Community Mapping Study

One of the early goals of the UEY Community Coalition was to bring together the multitude of groups and services involved in supporting young children and their parents. In the absence of an integrated system of early childhood development, the community coalition sought to bring the various players together to help promote collaboration and work towards the development of a seamless web of services designed to optimize child development outcomes. The results of the Community Mapping Study provide data and information that is critical to moving forward on this community-wide agenda.

In some cases, the data might show the lack of a program in particular neighbourhoods or areas of the community. Or it may show an abundance of a program in particular neighbourhoods or areas of the community. To understand the impact of these patterns, it is important to look closely at the Social Index Map. The Social Index Map demonstrates whether the gap in a particular service exists in an area with a high or low number of risk factors; or conversely, whether the clustering of a service exists in an area with a high or low level of risk factors present. These maps help to uncover the significance of gaps or clustering of particular programs or services, and provide a framework for discussing the distribution of services.

Acting on the evidence of the UEY initiative

By combining the CMS data with data provided by the Early Development Instrument and the NLSCY Community Study, new

evidence will emerge to help link community strategies with child development outcomes.

Therefore, the purpose of the complementary report, WSD1 Early Childhood Development, is to provide a profile of linked information on children's outcomes and the community factors that influence them. By analyzing the data provided by the three components of UEY – the Early Development Instrument, the NLSCY Community Study, and highlights from the CMS – the report will provide new evidence on:

- ◆ How are our children doing? What do their outcomes look like?
- ◆ How do resources impact on children?
- ◆ Which resources have the best impact?

Critical to this discussion is the existing or potential collaboration and coordination of services within a particular area. Even in areas with an apparent abundance of community resources, the lack of coordination may reduce their efficacy and effective use by parents and their children. The Winnipeg UEY Community Coalition supports the integration of community resources into a seamless system of supports for children aged six and younger and their families. In addition to fostering inter-sectoral collaboration and service integration, the Coalition also promotes neighbourhood and parent involvement in the development of early childhood development strategies and programs. I

Where do we go from here?

Following the release of the UEY data collection reports, the project will move directly into Phase II: The Action Phase. A Knowledge Action Plan will be developed by community to

be used as a mechanism to inform community strategies and to foster local decision-making. The Knowledge Action Plan, a strategic plan developed by the community, will include such elements as: objectives, priorities for action, strategies, partnerships, and communications plan. It will serve as the foundation for the development of products to help communicate with various sectors of the community and to disseminate research results.

A community learning framework will also be developed. Its goal will be to attempt to measure the process by which the community has used and implemented the information provided by the UEY initiative.

To be driven by a community-based process, all members of the community will be invited to participate. The Community Coalition will continue to advise the UEY project and reach further into the community.

Looking Forward

The recent Federal/Provincial/Territorial Early Childhood Development accord underlines the importance of supporting families and communities in their efforts to ensure the best possible future for their children. The UEY Community Coalition seeks to build on this commitment, and to improve child development outcomes. This report is intended to support that effort.

Appendix A: The Limitations of a Community Mapping Study

While it is tempting to view a map¹ as conclusive of program coverage and effectiveness, this assumption can be deceptive. First of all, community mapping is only a snapshot in time.

A single dot on a map tells nothing of the programs offered inside the building – perhaps there is one, perhaps 20. Nor do we have much information on how many participants are eligible to attend the program or how many actually do. What do they do while they are there? What are the hours? Who are the staff members? What is the quality of the service provided?

A cluster of dots may tempt the reader into the belief that this area is well served, its children cared for and its families supported. However, all the same questions apply.

Also, large gaps in services may simply indicate the presence of an industrial park or a parking lot.

Families with young children often create their own resource networks. They may form reading clubs, and organize play dates, swimming times and lunch gatherings. Therefore, gaps in dots may not adequately reflect the social cohesion of a particular neighbourhood.

Additionally, areas with high levels of risk factors may mask other circumstances. For example, an area that appears high risk may be full of students who move frequently, are

unemployed, do not own their homes, and have no income. They differ from those community members who, generation after generation, have never held a job and subsist on social assistance. These two groups, however, would show up on the Social Index map with the same number of challenges, but with very different long-term prospects.

¹ Maps were created using a geographic information system called Map Info.

Appendix B: The Community Coalition

Understanding the Early Years in
Winnipeg is supported by the
following representatives:

Aboriginal Health & Wellness Centre

Andrews Street Family Centre

Bookmates

Child Day Care

Children's Special Services

Community Services, City of Winnipeg

Healthy Child Manitoba

Manitoba Adolescent Treatment Centre

Rehabilitation Centre for Children

Social Planning Council

Special Education Department

St Matthew's Maryland Community Ministry

Volunteer Centre of Winnipeg

Winnipeg Child and Family Services

Winnipeg Regional Health Authority

Winnipeg (School Division No. 1)

Wolseley Family Place

YMCA-YWCA of Winnipeg

Appendix C: Development of a Social Index

The purpose of creating a Social Index was to present a comprehensive yet uncomplicated picture of the community's socio-economic well-being, and to give an indication of the match of services to the needs of families and children. Based on past research, nine variables (see below) were selected for their usefulness in describing the socio-economic characteristics of communities, encompassing measures in the areas of education, employment, poverty and multiculturalism. Each variable was then compared to the national mean in order to evaluate and rate the community. This process enabled us to make comparisons within communities and among communities, and at the same time, to highlight how communities might be distinct from the country as a whole.

First, the values for the nine variables for each Enumeration Area were compared to the national mean. Each time that a value for a particular variable exceeded the national average, that EA received one point. A value below the national mean did not receive any points. An overall index was created by adding the points for the nine variables to determine each EAs overall score out of a total possible score of nine. A higher score indicated a greater presence of characteristics associated with risk and disadvantage, and thus potentially greater strain placed on community resources. All data for the social index came from the 1996 Canadian Census.

Variables Included in Social Index:

1. Employment Rate - the proportion of males aged 15 and over who were employed full time and full year (49 weeks or more) in the previous year in each EA.¹
2. Prevalence of Low-Income Status - measured by the proportion of the total population living in private households that fall below Statistics Canada's Low Income Cut-off (LICO).²
3. Education Levels - proportion of the population aged 15 and over without a high-school diploma.
4. Family Status - proportion of families with children headed by lone parents.³
5. Mobility - proportion of the population that has made a residential move in the past year.⁴

¹ This variable was chosen as it gives a better indication of the labour force participation rate in a neighbourhood than do traditional unemployment rates.

² The Low-Income Cut-Offs establish income thresholds below which a family will spend a disproportionate amount of their pre-tax income on the basics of food, clothing and shelter as compared to the average family. They are created by adding twenty percentage points to the average proportion of pre-tax family income spent on food, clothing and shelter, adjusted for community and family size and updated yearly for inflation. It is below this level that a family is considered to be experiencing 'strained' circumstances/

³ Prevalence of lone parenthood was calculated using the number of families with children as the base rather than using the number of all families, in order to focus on the typical family structure most relevant to children rather than the typical family structure in the neighbourhood.

⁴ Greater family residential mobility has been associated with increased behavioural problems in children (Dewit et al, 1998) while neighbourhoods with a high level of residential stability are associated with stronger social ties and collective efficacy, and thus reduced social deviance (Sampson et al., 1997).

6. Language – proportion of the population who speak neither English nor French.⁵
7. Home Ownership – proportion of private, residential dwellings that are privately owned.⁶
8. Immigrant Status – proportion of the total population that are recent immigrants.⁷
9. Composition of Income-proportion of the total income in the EA coming from government transfer payments.⁸

⁵ Although small, the proportion of the population that does not speak either official language is considered to be at an extreme disadvantage as a result of the various barriers to participation that will exist, particularly labour market barriers.

⁶ Home ownership, like residential stability, is believed to promote greater social cohesion and collective efficacy in neighbourhoods, and potentially reducing social deviance (Sampson et al., 1997).

⁷ Recent immigrants are defined as having immigrated in the period between 1991-1996, as measured by the Census (1996).

⁸ This measure of dependency on transfers measures the share of neighbourhood income from all government transfer programs, including near-universal benefits (e.g. CPP, QPP, children's benefits). This makes it a less precise a measure of dependency than would be the proportion of income from welfare payments alone (data unavailable).

Appendix D:

Results of the neighbourhood observations

Background and procedures

The Neighbourhood Observation instrument consisted of 21 questions to provide somewhat objective information about the physical factors such as the quality of housing in the area, the lighting conditions, the noise levels and the general conditions of the streets and parks (see Connor & Bank, 1999 for a copy of the instrument).

Winnipeg (School Division No. 1) was subdivided according to its Census Enumeration Areas (EAs). Data were collected on all of the 334 EAs within the community. Within each of these 334 EAs, one street was randomly selected for observation. Researchers were given these street addresses to begin and complete their observations. As EAs are based on population density, many cover an extremely small area (e.g., in some cases one apartment building made up an entire EA). In most cases, the area assessed was approximately equivalent to two city blocks.

Three community researchers were trained to assess the neighbourhoods and completed the instrument in the Summer of 2000. Observations took place during the day, evening, on weeknights and on weekends.

What do the neighbourhoods look like?

The majority of neighbourhoods were residential (66.7 %), over 75% of them were used for residential or commercial use. Thirty-nine percent of neighbourhoods were rated as having well-kept buildings, while only 11.8%

were rated as having buildings in poor or badly deteriorated condition. In addition, the majority of the dwellings were in good repair: 68 EAs needed repairs on less than half of their dwellings, and 29 EAs required major repairs on more than half of their dwellings.

Only 5% of neighbourhoods had signs posted announcing community events or meetings, a potential indication of community cohesion. However, when interpreting this finding it is important to keep the size and the population of the EAs in mind. For example, very small EAs are less likely to have public transit stops where notices are posted, or their residents may benefit from postings of notices in other EAs.

The streets and roads in the community

Most of the roads (30.8 %) were rated as being in relatively good repair. Another 64% of the roads needed minor repairs or showed evidence of neglect.

Lights and Noise

In terms of noise levels, 30% of the neighbourhoods were rated as having somewhat disturbing amounts of noise, and an additional 17% of the neighbourhoods were rated as having excessive noise.

Only 9.7% of the neighbourhoods were rated as poorly lit, defined as having few to no lights and in need of better lighting. However, nearly 70% of neighbourhoods were rated on the opposite of the spectrum, with many street lights and other lighting sources. The remainder of the neighbourhoods (about 20%) fell somewhere in the middle.

The people in the community

In 25.7% of the neighbourhoods, at least one or two families with children were observed during the researcher's visit. Only 13.6% of the EAs had several children and their families visible. The researchers' visits took place during the Summer holidays and at all times of the day and week, yet no families were observed in the majority of areas (60.7%).

In only 8 of the 334 neighbourhoods that were assessed did the researchers observe an individual exhibiting anti-social behaviour (e.g., intoxication or fighting). In addition, the researchers were asked to rate their feelings of safety and overall comfort levels when wandering through the community. Researchers reported very few neighbourhoods where they felt "unsafe." However, the majority of EAs (73.2% or 241 EAs) were not perceived by the researchers to be safe at night.

Parks and playgrounds in the community

The presence of good parks and play spaces in children's neighbourhoods have been linked to increased participation rates in supervised and unsupervised sports activities. This participation, in turn, has been associated with better psychosocial adjustment in children (Offord, Lipman, and Duku, 1998). Nevertheless, the usefulness of the parks and playgrounds may be limited if the equipment that they contain is deteriorating. Of the neighbourhoods that were observed, only 15% contained a park or a playground. Most of these parks and playgrounds were reported to be in a good state of repair. Twenty percent of the parks and playgrounds were rated as excellent, with new or well-maintained equipment and buildings and providing a safe and clean play area. Just over 46% of the

parks and playgrounds received a rating of very good, indicating that their equipment was kept in good repair or condition. About 32% of them had play equipment that needed repair and showed signs of neglect.

Appendix E: Developing a physical environment scale

Principal component analysis (PCA) is a statistical procedure that is used to identify underlying concepts from a number of individual questions or items. PCA was performed on the items in the neighbourhood observation instrument in order to determine if there were subsets of items on the instrument that were measuring physical concepts of neighbourhoods. In preparation for running the PCA, some response categories were collapsed for variables where the response categories had low frequencies. As well, items were recoded to ensure that all responses move in the same direction (i.e., from positive to negative).

Then the scale was computed by summing up each neighbourhood's score for these items. Cases with any missing data on the relevant factors were excluded from the calculation. The index ranged from 6 to 23. A high scale score represented neighbourhoods with characteristics associated with more favourable environments. A low scale score, conversely, represented neighbourhoods with less favourable environments.

One factor consisting of 7 items emerged from this process. The reliability as measured by Cronbach's Alpha was high ($\alpha = .83$). Alpha is a measure of the internal consistency of the items within a factor. The factor, comprising the *physical conditions of the neighbourhood* was made up of the following items:

- ◆ Conditions of the buildings;
- ◆ Percentage of dwellings in need of repair;

- ◆ Volume of traffic on the streets or roads;
- ◆ Presence of garbage, litter, or broken glass;
- ◆ Noise levels;
- ◆ Number of stop lights observed; and
- ◆ Width of the streets.

Appendix F: Design and Results of the Community Program Survey

A community can help serve its residents by offering a wide range of programs and services to meet their needs. Programs can serve a variety of purposes: they can be recreational (community sports teams); they can be an educational experience (nursery schools); and they can serve as an intervention for dealing with challenges facing an individual or community (alcohol or crime watch programs). These programs may offer opportunities to increase one's quality of life through a learning or recreational experience or to increase one's social contacts, leading to increased social cohesion in the community. Six program types were considered to be important for young children and their families (Connor & Brink, 1999). These program categories include: education (library programs, reading clubs); health and wellness (nutrition programs, prenatal programs); entertainment and culture (music lessons, art lessons); societal (welcome programs for new immigrants, programs for children with disabilities, transportation programs); special interest (worship study programs, cultural heritage programs); and sports and recreation (sports programs, community groups).

Procedures

Community researchers contacted a variety of agencies offering programs throughout the city to get more information about the variety of programs, program clients, and barriers to accessing programs. For the purpose of this survey, programs were defined as follows:

- ◆ Programs must target children aged six and younger and/or their parents.
- ◆ Programs should target children and/or their parents directly (e.g., committee or advocacy work is not included).
- ◆ Programs should be on-going for 6 weeks or longer and have been offered at least once within the past 12 months.
- ◆ Programs may include – but are not limited to – services and support, screening or assessment, treatment or intervention, lessons, information, and counselling or assistance.
- ◆ Examples of programs for parents and/or children include: help for family violence, literacy programs, nutrition programs, prenatal programs, and food banks.
- ◆ A program could take place at more than one site and at many different times.

For the Community Program Survey, two interviewers spoke with representatives from 181 programs. A sample of 20% of the programs from each of the 6 categories was selected. All interviews were conducted by phone.

What types of programs were available in Winnipeg (School Division No. 1)?

Each program was identified under one or more of the six resource categories as described above. The majority of programs could be placed into two or more categories. However, for this project the Coordinator was given the difficult task of choosing the primary category. For example, the Woman and Infant Nutrition program is an education program, a recreation program and a societal program,

but it was categorized for its primary goal: health and wellness.

In future documents, programs will not need to conform to this criteria provided by the Uey project, and may be classified in several categories if appropriate.

Who used the program?

Programs may be offered to the general population or they may target specific groups or several specific groups (e.g. support programs for women). Sixty-three percent of programs reported a specific target group for:

- 5.5% reported that they targeted immigrants and refugee families;
- 13.8% reported that they targeted low-income children or their families;
- 5.5% reported that they targeted children with special needs;
- 16.6% targeted mothers; and
- 12.2% targeted Aboriginal groups.

Over two-thirds of program personnel (70.5%) reported that their program adequately reached the target group for whom it was intended. Another 25% reported that they were often able to reach their target group, and another 3% reported that they were sometimes able to reach their target group.

More than half of program personnel (58.4%) reported that all or almost all of their clients were from Winnipeg (School Division No. 1) area. Almost one-quarter (22.8%) reported that less than half of their clients were from outside of Winnipeg (School Division No. 1).

Increases in demand and funding

In the past one to two years:

- 36.1% of the program reported that their funding had increased or slightly increased;
- 41.2% of the programs reported that their funding had not changed;
- 22.6% of programs sampled reported that their funding had decreased or slightly decreased.

Almost three-quarters (70.4%) of respondents reported an increase in demand for their program over the same time period. Very few respondents (2.4%) reported that the demand had decreased.

About half (51.8%) of the programs ran at full capacity all or almost all of the time. Only 6% reported that they never or almost never ran at full capacity. More than a third of programs had waiting lists (39.4%) ranging from two months to more than six months.

Accessibility of programs

Several issues can impede access to programs: the availability of the program in languages other than English or French, the availability of transportation to the program site, the accessibility of the program to individuals with disabilities, user fees and the availability of subsidies.

Many programs (62.3%) were offered only in English. About one-fifth (20%) of the respondents' programs had interpretation services available. About 16% of programs surveyed offered their program in a language other than English. Most programs (65.7%) were accessible by public transportation, and three-quarters of them (75.5%) were

accessible to disabled persons. Over one-third of the programs (37.7%) had a fee. Of those that charged a fee, 87.5% offered a financial subsidy. Therefore, language or cultural barriers, transportation, and user fees could be potential barriers to some people, for some programs.

Management and auspices of programs

More than half (66.7%) of the respondents reported that volunteers were involved in their programs. Fifteen of these programs were run entirely by volunteer staff.

Most of the program respondents were not sure about how they were funded. Even so, about half of programs (50.8%) indicated they were at least partially government sponsored, and just under half (42.1%) stated they were non-profit/charity. Only 7.1% of the programs surveyed indicated that they were privately funded.

Appendix G:

MANITOBA'S COMMITMENT TO EARLY CHILDHOOD DEVELOPMENT (April 2001)

The Government of Manitoba is committed to supporting early childhood development – as demonstrated by new and expanded early years programs. Since April 2000, Manitoba has increased investments in early childhood development by approximately \$29 million. Through a partnership with regional early years teams and parent-child centred coalitions, a continuum of services to support Manitoba's children and families is being developed.

In March 2000, the Premier created Healthy Child Manitoba to facilitate child-centred public policy and community development across departments and sectors. It focuses on the period of conception through infancy and the preschool years. Healthy Child Manitoba is led by the Healthy Child Committee of Cabinet, comprising the Ministers of Aboriginal and Northern Affairs; Culture, Heritage and Tourism; Education, Training and Youth; Family Services and Housing; Health; Justice; and Status of Women. Healthy Child Manitoba signals a *new way of working together* and a commitment to concrete action for early childhood development. Healthy Child Manitoba builds on an existing foundation, and creates new initiatives to support the early years. Components of Manitoba's Early Childhood Development (ECD) Continuum include:

Healthy Baby

Starting in July 2001, the Manitoba Prenatal Benefit will assist income eligible pregnant women to meet their extra nutritional needs

during pregnancy. Pregnant women and new mothers also will have access to expanded community support programs.

BabyFirst

BabyFirst provides a three-year home visiting program for newborns and their families. Based on a universal screening process, it is delivered through the community health system. The 2001 provincial budget expanded the availability of this service to a greater number of families.

STOP FAS

STOP FAS is a three-year mentoring program for women at risk of having a child with fetal alcohol syndrome or fetal alcohol effects (FAS/FAE). Building on the success of two Winnipeg sites, STOP FAS was recently expanded to Thompson and The Pas in northern Manitoba.

Parent-Child Centred Approach

Bringing resources together through community coalitions that support parenting, children's nutrition and literacy, this approach fosters community capacity building to meet families' needs. Each parent-child centre coalition determines the unique form that activities will take based on the needs of the community.

Child Day Care

Since April 2000, funding for Manitoba's child care program has increased by over 27% and focuses on improving salaries for early childhood educators and providing additional subsidies for children. Increased funding also has been provided to help integrate more children with disabilities into the child care system, and to expand the number of licensed child care spaces.

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

Early Start

To enhance children's readiness to learn prior to school entry, Early Start provides a three-year home visiting program for families with children who have special social needs and are currently attending licensed child care.

All of the initiatives in Manitoba's ECD continuum are available to children and families in Winnipeg (School Division No. 1).

Manitoba Education, Training and Youth – Early Childhood Development Initiative

The Early Childhood Development Initiative (ECDI) of Manitoba Education, Training and Youth will assist school divisions and districts in their efforts to provide inter-sectoral services for preschoolers. The goal of ECDI, in partnership with Healthy Child Manitoba, is to facilitate preschoolers' readiness to learn prior to school entry.

Children's Special Services

Community-based services are provided to an more families who take care of a child with a mental and/or physical disability in their own homes.

National Child Benefit Restoration

Families receiving Employment and Income Assistance will have more income to help them to provide for their young children. Starting in July 2001, families with children aged six and under will not only avoid any reduction in their National Child Benefit, but will receive a federal increase on the amount.

The Province of Manitoba is pleased to acknowledge its partnership with the Government of Canada in supporting Early Childhood Development (ECD) initiatives. Of the \$29 million incremental investment for ECD in Manitoba since April 2000, Canada contributed \$11.1 million in 2001/02. Manitoba's total ECD investment in 2001/02 was over \$96 million.

Results of the Community Mapping Study for the Children
in Winnipeg (School Division No. 1) – November 2001

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